

# CHURCH OF ST. JOSEPH & CHURCH OF ST. FRANCIS XAVIER

540 River Street • PO Box 234 • Taylors Falls, MN 55084 • 651.465.7345 • [www.stjoseph Taylors Falls.org](http://www.stjoseph Taylors Falls.org)

## Family Information Registration Form

Envelope Number: \_\_\_\_\_ Logos Number: \_\_\_\_\_

Date: _____	CHURCH _____ ST. JOSEPH or _____ ST. FRANCIS
Family Last Name: _____	Marital Status: _____ Church _____
Address: _____	Anniversary Date: ____/____/____
City/State/Zip: _____	Emergency Contact Number: _____
Home Phone: (____) _____	

## Member Information

<input type="checkbox"/> Head of Household <b>Name</b> <hr/> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-Mail: _____ <b>Phone Numbers</b> Work: _____ EXT _____ Cellular: _____ Fax: _____  Religion: _____ Date of Birth: ____/____/____ State: ____ <b>Sacraments</b> <input type="checkbox"/> Baptism _____/____/____ <input type="checkbox"/> 1st Reconciliation _____/____/____ <input type="checkbox"/> 1st Eucharist _____/____/____ <input type="checkbox"/> Confirmation _____/____/____ Church of Baptism: _____ <hr/> Occupation: _____ <b>Are You Interested?</b> <input type="checkbox"/> Pastoral Council <input type="checkbox"/> Finance Council <input type="checkbox"/> Extraordinary Minister <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Altar Server <input type="checkbox"/> Help Group Leader	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <b>Name</b> <hr/> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-Mail: _____ <b>Phone Numbers</b> Work: _____ EXT _____ Cellular: _____ Fax: _____  Religion: _____ Date of Birth: ____/____/____ State: ____ <b>Sacraments</b> <input type="checkbox"/> Baptism _____/____/____ <input type="checkbox"/> 1st Reconciliation _____/____/____ <input type="checkbox"/> 1st Eucharist _____/____/____ <input type="checkbox"/> Confirmation _____/____/____ Church of Baptism: _____ <hr/> Occupation: _____ <b>Are You Interested?</b> <input type="checkbox"/> Pastoral Council <input type="checkbox"/> Finance Council <input type="checkbox"/> Extraordinary Minister <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Altar Server <input type="checkbox"/> Help Group Leader	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <b>Name</b> <hr/> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-Mail: _____ <b>Phone Numbers</b> Work: _____ EXT _____ Cellular: _____ Fax: _____  Religion: _____ Date of Birth: ____/____/____ State: ____ <b>Sacraments</b> <input type="checkbox"/> Baptism _____/____/____ <input type="checkbox"/> 1st Reconciliation _____/____/____ <input type="checkbox"/> 1st Eucharist _____/____/____ <input type="checkbox"/> Confirmation _____/____/____ Church of Baptism: _____ <hr/> <b>Are You Interested?</b> <input type="checkbox"/> Pastoral Council <input type="checkbox"/> Finance Council <input type="checkbox"/> Extraordinary Minister <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Altar Server <input type="checkbox"/> Help Group Leader
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Son  Daughter  Other

**Name**

First MI Last (If Different)

Nickname: \_\_\_\_\_

Maiden: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Phone Numbers**

Work: \_\_\_\_\_ EXT \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_

**Sacraments**

Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_

Church of Baptism: \_\_\_\_\_

**Are You Interested?**  Pastoral Council

Finance Council  Extraordinary Minister

Lector  Usher  Altar Server

Help Group Leader

Son  Daughter  Other

**Name**

First MI Last (If Different)

Nickname: \_\_\_\_\_

Maiden: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Phone Numbers**

Work: \_\_\_\_\_ EXT \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_

**Sacraments**

Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_

Church of Baptism: \_\_\_\_\_

**Are You Interested?**  Pastoral Council

Finance Council  Extraordinary Minister

Lector  Usher  Altar Server

Help Group Leader

Son  Daughter  Other

**Name**

First MI Last (If Different)

Nickname: \_\_\_\_\_

Maiden: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Phone Numbers**

Work: \_\_\_\_\_ EXT \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_

**Sacraments**

Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_

1st Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_

Church of Baptism: \_\_\_\_\_

**Are You Interested?**  Pastoral Council

Finance Council  Extraordinary Minister

Lector  Usher  Altar Server

Help Group Leader

Additional information you would like to add (hobbies, talents, etc..)

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY: Logos Data Entry \_\_\_\_\_ Catholic Service Appeal \_\_\_\_\_ Help Group Notify \_\_\_\_\_ Help Group Letter \_\_\_\_\_  
Cathedral Corporation Envelope \_\_\_\_\_ Catholic Spirit \_\_\_\_\_ Welcome Letter \_\_\_\_\_