ST. JOSEPH Catholic Church vancouver wa

LOVE GOD LOVE OUR NEIGHBOR MAKE DISCIPLES

Pre-Registration Form

Date: _____

Office use only

Parish ID:

Family Last Name: _____ Home phone: _____

Address: _____ Mobile phone: _____

City, State, Zip: _____ Home email:

Your name: _____ Birthdate: _____ Sex: M F Maiden name: _____

Occupation: _____ Work phone: _____ First language: _____

Marital status: ☐Single ☐Married (Date: _____) ☐Widowed ☐Separated ☐Divorced ☐Annulled ☐Remarried

† Sacraments received { Baptism (☐Catholic ☐Other) First Communion (☐Catholic ☐Other) Confirmation (☐Catholic ☐Other) Marriage (☐Catholic ☐Other)

Spouse's name: _____ Birthdate: _____ Sex: M F Maiden name: _____

Occupation: _____ Work phone: _____ First language: _____

Marital status: ☐Single ☐Married (Date: _____) ☐Widowed ☐Separated ☐Divorced ☐Annulled ☐Remarried

† Sacraments received { Baptism (☐Catholic ☐Other) First Communion (☐Catholic ☐Other) Confirmation (☐Catholic ☐Other) Marriage (☐Catholic ☐Other)

Children in Household (please note first and last name)	Date of Birth	Gender	Baptism	Communion	Confirmation	Current School
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____
_____	_____	M F	☐Cath ☐NC	☐Cath ☐NC	☐Cath ☐NC	_____

†*Cath = Catholic; NC = Non-Catholic

Does any member of the household have special needs? If so, please indicate in the space below:

Your Signature: _____ Date: _____

CONFIDENTIALITY: Registration and individual information is strictly for internal use only.