



St. Joseph Parish Family Registration

1162 Lincoln Way Auburn, CA 95603 (530) 885-2956 FAX (530) 823-6676

Dear New Parishioner,

WELCOME TO OUR PARISH COMMUNITY OF SAINT JOSEPH CHURCH!

Thank you for taking the time to complete and return this parish our parish registration form. With the names of your family members, we can have a more in depth of idea of how we can be of service to you and walk with you towards Christ.

May this be the beginning of many more encounters with Christ when we break bread and minister to one another.

Respectfully yours in Christ,

**Fr. Brian Atienza
Parochial Administrator**

FAMILY NAME: _____

Address (Street, City & Zip): _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

Parish Last Attended: _____ **City/State** _____

HEAD(S) OF FAMILY INFORMATION

Current Marriage Status (Optional) *Civil* *Church*

Father's Name: _____ **Religion** _____

Date of Birth ___ / ___ / ___ **Telephone: Work** (___) _____ **Cell** (___) _____

Ministry Experiences/Interests: *(Please check all that applies)*

- Eucharistic Minister* *Lector* *Hospitality/Usher* *Catechists* *Music Ministry* *Youth*
- Young Adults* *Social Service* *Others* _____

Mother's Maiden Name _____ Religion _____

Date of Birth ___/___/___ Telephone: Work (___) _____ Cell (___) _____

Ministry Experiences/Interests: (Please check all that applies)

- Eucharistic Minister Lector Hospitality/Usher Catechists Music Ministry Youth
 Young Adults Social Service Others _____

CHILDREN INFORMATION

Child #1

Name: _____ DOB ___/___/___ Age: _____ Sex: Male Female
Sacraments Received: None Baptism Eucharist Reconciliation Confirmation
Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8

Child #2

Name: _____ DOB ___/___/___ Age: _____ Sex: Male Female
Sacraments Received: None Baptism Eucharist Reconciliation Confirmation
Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8

Child #3

Name: _____ DOB ___/___/___ Age: _____ Sex: Male Female
Sacraments Received: None Baptism Eucharist Reconciliation Confirmation
Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8

Child #4

Name: _____ DOB ___/___/___ Age: _____ Sex: Male Female
Sacraments Received: None Baptism Eucharist Reconciliation Confirmation
Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8

Child #5

Name: _____ DOB ___/___/___ Age: _____ Sex: Male Female
Sacraments Received: None Baptism Eucharist Reconciliation Confirmation
Previous Religious Education Completed (Mark Grades) K 1 2 3 4 5 6 7 8

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| Office Use: Date registered: _____ Envelope# _____ Initials: _____ |
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