



ST. JOSEPH CATHOLIC CHURCH PARISH REGISTRATION

475 Ezzard Charles Drive, Cincinnati OH 45203

Phone: (513) 381-4526 Fax; (513) 381-5244

(please complete and send the form below to the address above)

Today's Date: _____ Family Name (Last Name Only): _____

Head of Household Full Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Do You Text? (Yes/No): _____

Email: _____

Your Occupation and Employer: _____

Would you like to be contacted by our staff: _____ Please check if you do not want envelopes: _____

Marital Status: Single: () Married: () Separated: () Divorced: () Widow: () Widower: ()

If Married, were you married in the Catholic Church: _____ Where: _____ When: _____

Spouse Full Name (Include Maiden Name): _____

Spouse's Date of Birth: _____ Spouse's Occupation and Employer: _____

List the full names and ages of your children under age 18:

Child 1: _____ Birthdate: _____ Gender: _____ List Sacraments received: _____

Child 2: _____ Birthdate: _____ Gender: _____ List Sacraments received: _____

Child 3: _____ Birthdate: _____ Gender: _____ List Sacraments received: _____

Child 4: _____ Birthdate: _____ Gender: _____ List Sacraments received: _____

Child 5: _____ Birthdate: _____ Gender: _____ List Sacraments received: _____

Other Household Members (adults and children under 18 living with you:

Do you have special needs? Please describe: _____

Any extended family members who belong to St. Joseph? Who?

Relationship(s): _____

*Please complete the back of this form to list those activities you might be interested in at St. Joseph and your talents and experience that might be helpful to us.

Office Use Only: _____

Parishioner ID: _____ Added to Database by: _____ Date Added: _____

Envelope Number: _____ Date Added: _____