

ST LAWRENCE PARISH MEMBERSHIP FORM

FAMILY LAST NA	ME:		
Date joined parish:			
Address:			
City:	Zip:	Primary Phone:	
Primary Email:			
		_ Widowed: Divorced:	
Please contact with annulment ir	nformation:		
TITHING INFORMATION Please check one: Envelop	nes ves No	Information on automatic depos	:it•
		NoParish Newsletter yes	
by: Mail: E-mail: Bot		No ansit Newsletter yes	110
•			
HEAD OF HOUSEHOLD			
Please check one:	cc		
		Birthdate:	
		ial: Nickname:	
		E-mail:	
SACRAMENTS RECEIVE Baptism:	D		
Church Name:			
		Date-month/day/year:	
Confirmation:		Date-month/day/year	
Church Name:		Date-month/day/year:	
Marriage:		bate month/day/year	
Church Name:			
City, State:		Date-month/day/year:	
,,		This is my first marriage: Yes: No	
Triest, Beacon Tresent	. 165 110	_ 11113 13 111y 1113¢ 111d111dge: 1e3 110	′•
<u>SPOUSE</u>			
Please check one: Mr.: Ms	s.: Mrs.: .	Other last name	
Birthdate:			
First Name:	Middle Init	ial: Nickname:	
Religion:	Mobile No.:	E-mail:	
SACRAMENTS RECEIVED Baptism:			
Church Name:		Date-month/day/year:	
Confirmation:		Date month/day/year	
Church Name:		Date-month/day/year:	
LIV NOIE		. /CIC=1110111111100V/VCAI	

Marriage:	
Church Name:	
City, State:	Date-month/day/year:
Priest/Deacon Present: Yes: No:	: This is my first marriage: Yes: No:
Do you have any needs, interests, talents, or reparish staff?	equests you would like to share with the priests or
CHILDREN & ADDITIONAL FAMILY ME (Only those members that live in your housely	
1) Please check one: Mr.: Ms.: Miss:	Birthdate:
Other Last Name:	
First Name:	Middle Initial: Nickname:
Religion: School:	
Grade: Year of high	school graduation:
SACRAMENTS RECEIVED Baptism:	
Church Name:	
City, State:	
First Communion:	
Church Name:	
City, State:	Date-month/day/year:
Confirmation:	
Church Name:	
	Date -month/day/year:
Interested in: Religious Education: You	th Group:
2) Please check one: Mr.:Ms.: Miss: Other Last Name:	Birthdate:
First Name:	Middle Initial: Nickname:
	igh school graduation:
SACRAMENTS RECEIVED Baptism:	igit scrissi gradadism
Church Name:	
City, State:	Date -month/day/year:
First Communion: Church Name:	
	Date-month/day/year:
Confirmation:	
Church Name:	
City, State:	
	th Group:

3) Please check of	one: Mr.: Ms.: Miss: Birthdate:
Other Last Name:	<u> </u>
	Middle Initial: Nickname:
Religion:	School:
Grade:	Year of high school graduation:
SACRAMENTS REG Baptism:	CEIVED
Church Name:	
City, State:	Date -month/day/year
First Comm	union:
Church Name:	
City, State:	Date-month/day/year:
Confirmatio	on:
Church Name:	
	Date-month/day/year:
Other Last Name:	ne: Mr.: Ms.: Miss: Birthdate:
	Middle Initial: Nickname:
	School:
	School:
Grade:	Year of high school graduation:
	Year of high school graduation:
	Year of high school graduation:
SACRAMENTS REG Baptism:	Year of high school graduation: CEIVED
SACRAMENTS REC Baptism: Church Name:	Year of high school graduation: CEIVED
SACRAMENTS REC Baptism: Church Name:	Year of high school graduation: CEIVED Date -month/day/year:
SACRAMENTS REC Baptism: Church Name: City, State: First Comm	Year of high school graduation: CEIVED Date -month/day/year: union:
SACRAMENTS REC Baptism: Church Name: City, State: First Common	Year of high school graduation: CEIVED Date -month/day/year:
SACRAMENTS REC Baptism: Church Name: City, State: First Common	Year of high school graduation: CEIVED Date -month/day/year: Date-month/day/year:
SACRAMENTS REC Baptism: Church Name: City, State: First Common Church Name: City, State: Confirmatio	Year of high school graduation: CEIVED Date -month/day/year: Date-month/day/year: Don:
SACRAMENTS RECEBOTISM: Church Name: City, State: First Common Church Name: City, State: Confirmation Church Name: City, State: City, State:	Year of high school graduation: CEIVED Date -month/day/year: Date-month/day/year: