



**St. Lawrence Catholic Church - Membership Form**

Today's Date \_\_\_\_\_

**Family Name:** \_\_\_\_\_

**Home Address(city,state,zip):** \_\_\_\_\_

**Mailing Address** (If different from home address): \_\_\_\_\_

(Circle one, if applicable) Homebound \_\_\_\_\_ Nursing Home \_\_\_\_\_ Name of nursing home: \_\_\_\_\_

In need to be contacted by homebound communion ministry? Yes or No

**Tithing? yes or no (Circle one): tithing envelopes or information on automatic**

**Would you like to receive:**

The Catholic Week \_\_\_\_\_ Parish Newsletter by: Mail \_\_\_\_\_ Email \_\_\_\_\_ Both \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Family Email Address:** \_\_\_\_\_

**Please check the correct response:** \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

If Divorced, Would you like to be contacted with information for annulments (Circle one)? yes or no

**HEAD OF HOUSEHOLD: Circle one** Mr. Mrs. Ms. **Suffix?** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_ **Work No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Sacraments Received: Please include Church, location, and date, if possible.**

**Baptism:** \_\_\_\_\_

**Marriage:** \_\_\_\_\_

**Priest or Deacon Present?** Yes or No **This is my first marriage.** Yes or No

**SPOUSE: Circle one** Mr. Mrs. Ms. **Suffix?** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_ **Work No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Sacraments Received: Please include Church, location, and date, if possible.**

**Baptism:** \_\_\_\_\_

**Marriage:** \_\_\_\_\_

**Priest or Deacon Present?** Yes or No **This is my spouse's first marriage.** Yes or No

***Do you have any needs, interests, talents, or requests you would like to share with the priests, deacons, or parish staff?***

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

**Please see back side of form to add children and additional family members**

**CHILDREN AND ADDITIONAL FAMILY MEMBERS:**

(Please include only those members that live in your household OR are joining the parish.)

1. Circle one Mr. Mrs. Ms. Miss. Suffix? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sacraments Received: Please include Church, location, and date, if possible.

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Interested in religious education or youth group? Yes or No

2. Circle one Mr. Mrs. Ms. Miss. Suffix? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sacraments Received: Please include Church, location, and date, if possible.

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Interested in religious education or youth group? Yes or No

3. Circle one Mr. Mrs. Ms. Miss. Suffix? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sacraments Received: Please include Church, location, and date, if possible.

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Interested in religious education or youth group? Yes or No

4. Circle one Mr. Mrs. Ms. Miss. Suffix? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sacraments Received: Please include Church, location, and date, if possible.

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Interested in religious education or youth group? Yes or No

5. Circle one Mr. Mrs. Ms. Miss. Suffix? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sacraments Received: Please include Church, location, and date, if possible.

Baptism: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Interested in religious education or youth group? Yes or No