

Family Registration & Information Form

(St. Francis de Sales Roman Catholic Church)

PARISH INFORMATION

1. Are you currently registered at St. Francis de Sales Parish? Yes No
 2. Would you like to designate St. Francis de Sales as your primary parish? Yes No

If no, please specify the name of your primary parish: _____

PRIMARY MEMBER INFORMATION

Title: Mr. Mrs. Miss Ms. Dr. Other: _____ Gender: Male Female
 Name: _____ Home Phone: _____
(First) (Middle) (Last)
 Address: _____ Town: _____ Postal Code: _____
 Cell Phone: _____ E-mail: _____ Occupation: _____
 Marital Status: Single Married Common Law Widowed Separated Divorced
 Religion: Baptized Roman Catholic Professed into the Catholic Church Baptized other Christian denomination (specify: _____)

Sacraments Received in the Catholic Church

Baptism First Communion Confirmation Catholic Marriage

If you were NOT married in the Catholic Church, would you like to discuss the possibility of having your marriage blessed and made a Sacrament? Yes No

MEMBER INFORMATION of SPOUSE (other adults over 18 years of age are asked to submit their own form)

Title: Mr. Mrs. Miss Ms. Dr. Other: _____ Gender: Male Female
 Name: _____ Relationship to the primary member: _____
(First) (Middle) (Last)
 Cell Phone: _____ E-mail: _____ Occupation: _____
 Marital Status: Single Married Common Law Widowed Separated Divorced
 Religion: Baptized Roman Catholic Professed into the Catholic Church Baptized other Christian denomination (specify: _____)

Sacraments Received in the Catholic Church:

Baptism First Communion Confirmation Catholic Marriage

Rite of Christian Initiation for Adults (RCIA)

Is there an adult (over 18 years of age) in your household who would like to meet with our pastor to discuss becoming a Catholic (thereby allowing them to participate in our sacraments, including Holy Communion)? Yes No

If YES, please provide name & telephone number: _____

Information on Dependent(s) Under 18

First Name	Last Name	Daughter	Son

OFFERTORY INFORMATION

1. Do you have current year Offertory Envelopes? Yes (If yes, please print your Offertory Envelope #: _____)
 No (If no, would you like to receive one? Yes No)
 2. Would you like to enroll in the pre-authorized giving (PAG) program? Yes No I am a PAG member

Can we use the PRIMARY MEMBER'S email address to send our weekly parish bulletin? Yes No

ASSISTANCE WITH RECEIVING THE SACRAMENTS

1. Is there a person in your household unable to attend the Sunday Mass due to serious illness? Yes No

If yes:

- a) Would he/she like to receive the Sacrament of the Anointing of the Sick? Yes No
- b) Would he/she like to be visited by a member of the Eucharistic Outreach Ministry and receive the Holy Communion on a regular basis? Yes No

Please provide person's name (if yes to # a or b) _____

2. Is there a person in your household that requires sacramental accommodation to attend Mass? Reasons may include, but are not limited to, Celiac and wheelchair accommodation? Yes No

If yes, please provide person's name: _____

OPTIONAL SECTION - Volunteering at St. Francis de Sales Parish

Our parish offers many opportunities for individuals and families to share their talents and gifts
*****Add NAME(S) below according to volunteer interests &/or current volunteer role(s)*****

Volunteer Opportunities	Volunteer Now	Volunteer in Future	I Currently Volunteer
Liturgical Ministries	Add Names	Add Names	Add Names
<input type="checkbox"/> ALTAR SERVER (child)			
<input type="checkbox"/> ALTAR SERVER (adult – weekday)			
<input type="checkbox"/> MINISTER OF HOSPITALITY (usher)			
<input type="checkbox"/> LECTOR			
<input type="checkbox"/> EUCHARISTIC MINISTER			
<input type="checkbox"/> OUTREACH MINISTER (Eucharist to the Homebound)			
<input type="checkbox"/> CHILDREN'S LITURGY LEADER			
<input type="checkbox"/> Saturday 5pm			
<input type="checkbox"/> Sunday 10:15am			
<input type="checkbox"/> MUSIC MINISTRY- Specify Mass time:			
<input type="checkbox"/> Saturday 5pm			
<input type="checkbox"/> Sunday 8:30 am			
<input type="checkbox"/> Sunday 10:15 am			
<input type="checkbox"/> Sunday 12 noon			
<input type="checkbox"/> Sunday 7pm			
Catechetical Ministries	Add Names	Add Names	Add Names
<input type="checkbox"/> BAPTISM PREPERATION TEAM			
<input type="checkbox"/> CONFIRMATION PREPERATION TEAM			
Service Ministries	Add Names	Add Names	Add Names
<input type="checkbox"/> CONSOLATION & HOPE			
<input type="checkbox"/> CATHOLIC WOMEN'S LEAGUE			
<input type="checkbox"/> KNIGHTS OF COLUMBUS			
<input type="checkbox"/> LEGION OF MARY			
<input type="checkbox"/> ROSARY APOSTOLATE (school visits)			
<input type="checkbox"/> LONG TERM CARE MINISTRY (Winbourne Park visits)			
<input type="checkbox"/> SOCIAL COMMITTEE			
<input type="checkbox"/> ST. VINCENT DE PAUL			
Administration and Finance	Add Names	Add Names	Add Names
<input type="checkbox"/> COLLECTION COUNTERS			