

St. Luke the Evangelist Parish 70 W. Main Street – Westborough, MA Rectory 508-366-5502	Parish Registration	<i>Office use only</i> Date Recorded _____ OSV _____ Letter & Booklet _____
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PLEASE PRINT AND COMPLETE BOTH SIDES.

Salutation (Mr. & Mrs. / Mr. / Mrs. / Ms. / Miss/ etc.)
FAMILY NAME

Street Address: _____

City _____ **Zip** _____ **Phone** (____) _____

Email: _____

Marital Status Engaged ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Please complete for both (if applicable)	Head of Household	Spouse
First Name (also nickname)		
Middle name		
Last or Maiden Name		
Gender (Male/Female)		
Date of Birth		
Cell Phone Number	()	()
Email Address (if different)		
Religion (Catholic, Protestant, etc.)		
Occupation		
Baptized (date if known) Baptized: Church & Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communion Date/Church/Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation Date/Church/ Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage: Anniversary Date		
Marriage Church and Location		
Retired	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

(Call Linda Underwood 508-366-5502 for more information regarding Parish Pay or On-Line banking)

Dependent Child/Children

Please enter the requested information for each dependent child. For families with more than four children, use blank sheet of paper. **Adult children living at home (either post college age or employed) are asked to register separately.** You may also use this form to include any dependent relative (grandparent, parent, sibling, etc.) residing in the household for an extended period of time.

Complete for each child	Child	Child	Child	Child
First & Middle Name				
Last Name				
Gender (Male/Female)				
Date of Birth				
Baptized Date/Church/Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communion Date/Church/Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation Date/Church/Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special needs

Are there any special needs in your family (e.g. sick, confined to home,)?

Please specify _____

Gifts from the Heart of Time and Talent

Please indicate the ministries you are currently involved or wish to become involved
PRINT the family member's name beside the ministry. Thank you.

LITURGY	SOCIAL MINISTRY
Art & Environment	Martha & Mary Funeral Ministry
Extraordinary Minister	Outreach Volunteer
Extraordinary Minister for Hospital, Homebound, Nursing Home	Senior Adults
Lector	Baptism Preparation Team
Altar Server	
Choir	
Contemporary Choir	
Youth Choir (Gr.6-8)	ADMINISTRATIVE
	Pastoral Council
RELIGIOUS EDUCATION	Finance committee
Catechist	
Catechist – SPRED	OTHER
Youth Ministry - Jr. High	
Youth Ministry – High School	

