



**St. Joseph Roman Catholic Church**  
 15 North Avenue P.O. Box 439, Millbrook, NY 12545

Telephone (845) 677-3422  
 Fax (845) 677-3423

**REGISTRATION FORM**  
 Please print legibly

Head of Household: \_\_\_\_\_  
First Name Last Name

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Married in Catholic Church Date: \_\_\_\_\_ Name of Church and Location: \_\_\_\_\_  
(Please Check One)  
 \_\_\_\_\_ Married but not in Church  
 \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Engaged \_\_\_\_\_ Single

Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Sacramental Information of Family and Others Living in Same Household								
<small>(include Head of Household &amp; Spouse if applicable)</small>								
Name	M/F	Date of Birth	Religion	Baptized	Communion	Confirmation	School & Grade	Relationship
Head of Household								
Spouse								

Currently Enrolled in CCD? \_\_\_\_\_ If Yes, please circle name(s) above. Would you like to receive WEEKLY ENVELOPES? \_\_\_\_\_

In what capacity do you currently serve the Parish? (ex. Usher, Lector, CCD Teacher, etc.) \_\_\_\_\_

In what capacity are you interested in serving the Parish? \_\_\_\_\_

Number of Years a Parishioner at St. Joseph? \_\_\_\_\_ Former Parish Name & Location \_\_\_\_\_

OFFICE USE ONLY	Entered:
Date Sent: / / Date Received: / /	Envelope # _____ Registration in Logos: _____

Please print additional information on back of form.