

**SINGLE PERSON**

LAST NAME	FIRST NAME & MI	DATE OF BIRTH	FAITH	OCCUPATION

PLEASE CIRCLE ONE:    WHITE                      AFRO AMERICAN                      PHILLIPINO                      OTHER

**MARRIED**

HUSBAND'S LAST NAME	FIRST NAME & MI	DATE OF BIRTH	FAITH	OCCUPATION

PLEASE CIRCLE ONE: WHITE                      AFRO AMERICAN                      PHILLIPINO                      OTHER

WIFE'S MAIDEN NAME	FIRST NAME & MI	DATE OF BIRTH	FAITH	OCCUPATION

PLEASE CIRCLE ONE: WHITE                      AFRO AMERICAN                      PHILLIPINO                      OTHER

**MARRIAGE INFORMATION**

DATE OF MARRIAGE	NAME OF CHURCH/OTHER	PLACE OF CHURCH/OTHER

PLEASE CIRCLE ONE: MARRIED                      DIVORCED                      SEPARATED                      WIDOW/WIDOWER

**CHILDREN LIVING IN HOUSEHOLD UNDER AGE 23**

LAST NAME	FIRST NAME	DATE OF BIRTH	BAPTIZED? IF YES, DATE OF BAPTISM	SCHOOL ATTENDING	GRADE

**ADDRESS**

STREET	CITY	STATE	ZIP CODE

**EMAIL ADDRESS**

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CONTACT NUMBERS                      (CIRCLE ONE)                      (PERSON'S NAME THE NUMBER CORRESPONDS WITH)

	CELL/ HOME/ WORK	
	CELL / HOME/ WORK	

	CELL/ HOME / WORK	
	CELL/ HOME/ WORK	
	CELL/ HOME/ WORK	

**OTHERS LIVING AT SAME ADDRESS (GRANDPARENTS, AUNT/UNCLE, ETC.)**

LAST NAME	FIRST NAME & MI	DATE OF BIRTH	OCCUPATION	RELATION	FAITH

Accessibility: St. Joseph invites and welcomes persons with disabilities to participate fully in our parish community. If you or a family member require special accommodations to do so please indicate your needs on the back of this form.