

St. James Church

Family/Individual Member Form

Adult #1	Register as: Parishioner Friend		
Title	First Name	MI	Last Name
Name as you prefer to be addressed: _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Marital Status/ Religious Order: _____	

Spouse/Adult #2	Register as: Parishioner Friend		
Title	First Name	MI	Last Name
Name as you prefer to be addressed: _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Marital Status/ Religious Order: _____	

Address:	Number and Street		Apt #
Telephone Numbers:	City	State	ZIP Code
	()		()
Home Phone		Cell Phone	
E-mail Addresses: _____			
Do you want to receive offering envelopes in the mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Children (under age 21):

Name	Gender	Birthdate	Baptized?
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Received by: _____ Date: _____ ACS: _____

Staff Contact: _____ Welcome Event: _____