

# THE PARISH COMMUNITY OF ST. JOSEPH

434 CHURCH STREET / BOWLING GREEN, KY 42101-1810  
PH (270) 842-2525 / FAX (270) 843-9624



**Membership Registration Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted?  Yes  No

If married, anniversary date: \_\_\_\_\_ Catholic Marriage?  Yes  No

## ADULT #1 (18 or older)

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_ Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Confirmed?  Yes  No First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_

**ADULT #2 (18 or older)**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex:  Male  Female

Education Level: \_\_\_\_\_                      Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_                      Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
                    Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_                      Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church    City/State

Confirmed?  Yes  No                      First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_

**ADULT #3 (18 or older)**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex:  Male  Female

Education Level: \_\_\_\_\_                      Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_                      Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
                    Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_                      Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church    City/State

Confirmed?  Yes  No                      First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_

**CHILD #1 (17 or younger)**

Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized?  Yes  No      Confirmed?  Yes  No      First Communion?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church  City/State

Specify any special needs: \_\_\_\_\_

**CHILD #2 (17 or younger)**

Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized?  Yes  No      Confirmed?  Yes  No      First Communion?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church  City/State

Specify any special needs: \_\_\_\_\_

**CHILD #3 (17 or younger)**

Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized?  Yes  No      Confirmed?  Yes  No      First Communion?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church  City/State

Specify any special needs: \_\_\_\_\_

