



St. Joseph Catholic Church
 2470 Lorraine Ct.
 Crescent Springs, KY 41017
 P: 859-341-6609 / F: 859-578-2741

New Parishioner Registration Form

Family Name		Envelope No.	Address		City	State	Zip	Date Registered
Phone:		Unlisted	Primary Email:			Own or Rent Home:		

	Title	First	Middle	Maiden Name	Date of Birth	Gender	Religion
Head:							
Spouse:							

	Baptism Date/Place		Religion Baptized	First Communion Date/Place		Confirmation Date/Place	
Head:							
Spouse:							

	Marital Status	Date Married	Marriage Performed by	Church/City Where Married	Parish Registered	Parish Attend
Head:						
Spouse:						

	Cell Phone	Work Phone	Email	Attend Mass (Regularly / Occasionally / Never)
Head:				
Spouse:				

	Occupation	Employer	Talents/Skills	Grade Level Completed	Language	Ethnicity
Head:						
Spouse:						

Others at this address <small>Last Name, First Name, Middle</small>	Date of Birth	M/F	Relationship	Baptism Place	Baptism Date	First Comm.	Confirm	Religion	Attend CCD	School Name or Employer	Grade	Ethnicity



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New Parishioner Registration Form (Continued)

If you have preschool children: Do you intend sending them to a Parish School?

No

Are there homebound children/adults in the household:

No

Does Mass Present a problem for any member of the household? (ie. transportation, illness, no one to stay with homebound - Explain)

Would it be helpful to have a pastoral contact:

No

Is there any other way in which the parish could assist? (ex. communication call, parish visitor, receive parish bulletin, etc. - Explain)