

## Good Shepherd Catholic Church Registration Form

Professional discretion by the Parish Staff will be used with the information listed below.

Name Head of House \_\_\_\_\_ Catholic \_\_\_\_\_

First Name of Spouse \_\_\_\_\_ Maiden Name \_\_\_\_\_ Catholic \_\_\_\_\_

Circle If Used      Jr., Sr., II, III    Other \_\_\_\_\_    Single    Widow

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Family Names      Birth Date      Religion      Baptized      Occupation

Head: \_\_\_\_\_ Y or N \_\_\_\_\_

Spouse: \_\_\_\_\_ Y or N \_\_\_\_\_

Children Residing in Home and Birthdate

\_\_\_\_\_ Y or N \_\_\_\_\_

\_\_\_\_\_ Y or N \_\_\_\_\_

\_\_\_\_\_ Y or N \_\_\_\_\_

\_\_\_\_\_ Y or N \_\_\_\_\_

\_\_\_\_\_ Y or N \_\_\_\_\_

Do you wish to receive monthly envelopes or participate in electronic tithing?    Yes      No

Are you a new family or registering for the first time at Good Shepherd?    Yes    No

May we share your phone number or email address with Parish Committees/Publications?    Yes    No

Do you speak a foreign language, and if so, please list \_\_\_\_\_

Parish Ministries/Organizations you are CURRENTLY involved ( i.e. Lector, Ladies Auxiliary, KofC)

\_\_\_\_\_