

CONFIDENTIAL MEMBERSHIP FORM

ST. PATRICK PARISH

705 E. Jefferson Street, Washington, IL 61571 (309) 444-3524

Date: _____

Envelope #: _____

Stewardsoft: _____

Packet: _____

For Office Use Only

LAST NAME

PLEASE RETURN COMPLETED FORM TO PARISH OFFICE

- We are currently registered as members of St. Patrick Church. Please update the information we have provided.
 We are registering as new members of St. Patrick Church.

HEAD OF HOUSEHOLD (SEE ADULT #1 BELOW)

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Home #: _____ Unlisted; please do not share.

City, State, Zip: _____ Cell #: _____

Vacation Home: _____ Email: _____

Address 2: _____ We check e-mail regularly and would like to receive
 correspondence & reminders from the parish via email.

City, State, Zip: _____
 If applicable, please indicate approximate months in residence at vacation home (Ex: Jan-Feb). _____

ADDITIONAL ADULT INFORMATION INCLUDING HEAD OF HOUSEHOLD (ADULT #1)

First Name: **ADULT #1.** _____

Gender: M F (Maiden) _____

DOB (mm/dd/yyyy): _____ / _____ / _____

Cell Phone: _____

Email Address: _____

Profession: _____

Religion (if not Catholic) _____

I am interested in becoming Catholic

ADULT # 2. First Name: _____

M F (Maiden) _____

_____ / _____ / _____

I am interested in becoming Catholic

Sacraments Catholic Baptism Reconciliation

Received: Faith of Baptism if not Catholic: _____

Communion Confirmation

Marriage in the Catholic Church

Anointing of the Sick

Catholic Baptism Reconciliation

Faith of Baptism if not Catholic: _____

Communion Confirmation

Marriage in the Catholic Church

Anointing of the Sick

Marital Status: Single Widowed Separated

Married Annulled Divorced

Single Widowed Separated

Married Annulled Divorced

DEPENDENT INFORMATION

If you need to add additional members, please use a second form.

First Name	Middle Name	Last Name	Gender	Relationship to Head of Household	Date of Birth	Office Use/PS
1.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
2.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
3.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
4.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
5.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
6.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						

ADDITIONAL ADULTS IN HOUSEHOLD

CONTINUED: PAGE 2

Last Name	First Name	Relationship to Head of Household

Please list and complete a separate membership form.

SHARING GOD'S GIFTS OF TIME AND TALENT (NON-CONFIDENTIAL)

YOU ARE INVITED & ENCOURAGED TO PARTICIPATE IN OUR PARISH MINISTRIES.

*SOME MINISTRIES MAY REQUIRE DIOCESEAN APPROVAL AND/OR TRAINING. PLEASE INDICATE YOUR INTEREST BELOW:

Family Last Name: _____

Email Address: _____

Phone Number: _____

PLEASE AND WRITE FIRST NAME OF FAMILY MEMBER INTERESTED IN THE FOLLOWING MINISTRIES:

FIRST NAME	FIRST NAME
<p>Liturgical Ministries:</p> <p><input type="checkbox"/> Altar Server* _____</p> <p><input type="checkbox"/> Choir Singer _____</p> <p><input type="checkbox"/> Choir Instrumental _____</p> <p><input type="checkbox"/> Church Cleaner _____</p> <p><input type="checkbox"/> Eucharistic Minister* _____</p> <p><input type="checkbox"/> Greeter _____</p>	<p><input type="checkbox"/> Groundskeeping _____</p> <p><input type="checkbox"/> Lector* _____</p> <p><input type="checkbox"/> Mass Shuttle (Rides to church) _____</p> <p><input type="checkbox"/> Sacristan* _____</p> <p><input type="checkbox"/> Usher _____</p> <p><input type="checkbox"/> Seasonal Decorator _____</p>
<p>Outreach Ministries:</p> <p><input type="checkbox"/> Charity in Truth _____</p> <p><input type="checkbox"/> Elizabeth Ministry _____</p> <p><input type="checkbox"/> Funeral Meals _____</p> <p><input type="checkbox"/> Hospitality/Welcome _____</p>	<p><input type="checkbox"/> Meals Ministry _____</p> <p><input type="checkbox"/> Parish Nurses _____</p> <p><input type="checkbox"/> Pastoral Care/Hospital Visits _____</p> <p><input type="checkbox"/> Respect Life/March for Life Trip _____</p> <p><input type="checkbox"/> Shut-In Transportation _____</p>
<p>Educational Ministries:</p> <p><input type="checkbox"/> Adoration Supper Club _____</p> <p><input type="checkbox"/> Bible Study _____</p> <p><input type="checkbox"/> CCD HS Aide _____</p> <p><input type="checkbox"/> CCD Teacher _____</p>	<p><input type="checkbox"/> R.C.I.A. _____</p> <p><input type="checkbox"/> Retreats/Missions _____</p> <p><input type="checkbox"/> School Volunteer _____</p> <p><input type="checkbox"/> Youth Group Leader _____</p> <p><input type="checkbox"/> Youth Group Student _____</p>
<p>Fellowship Ministries:</p> <p><input type="checkbox"/> Coffee/Donuts Host/Help _____</p> <p><input type="checkbox"/> Knights of Columbus _____</p>	<p><input type="checkbox"/> Seniors Group _____</p>

I have a special talent or skill I am willing to share: _____

Please indicate skill or talent: _____
ex: sewing, art, sign language, carpentry, painting, florals, editing, computer software skills, etc

FOR SPECIFIC REQUESTS SUCH AS VISITS OR APPOINTMENTS, COMMUNION TO SHUT INS, HOSPITAL VISITS
 SACRAMENTAL INFORMATION, OR INFORMATION ON HOW YOU CAN GET INVOLVED IN OTHER PARISH MINISTRIES:

PLEASE VISIT OUR WEBSITE AT: WWW.STPATSWASHINGTON.COM
 OR CONTACT THE THE PARISH OFFICE VIA PHONE (444-3524) OR EMAIL AT CHURCHOFFICE@STPATSWASHINGTON.COM

PLEASE RETURN COMPLETED FORM TO PARISH OFFICE