

CONFIDENTIAL MEMBERSHIP FORM

ST. PATRICK PARISH
705 E. Jefferson St. Washington, IL 61571 (309) 444-3524

Date: _____

Envelope #: _____

OSV: _____

Packet: _____

For Office Use Only

PLEASE RETURN COMPLETED FORM TO PARISH OFFICE

HEAD OF HOUSEHOLD (SEE ADULT #1 BELOW)

Last Name: _____ First Name: _____ Middle: _____

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

City, State, Zip: _____ Cell #: _____

Email: _____

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

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

ADULT # 2. First Name: _____

Gender: M F (Maiden) _____

M F (Maiden) _____

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

_____ / _____ / _____

Cell Phone: _____

Email Address: _____

Profession: _____

Religion (if not Catholic) _____

I am interested in becoming Catholic

I am interested in becoming Catholic

Sacraments Received: Catholic Baptism Reconciliation
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

Single Widowed Separated

Married Annulled Divorced

Married Annulled Divorced

DEPENDENT INFORMATION

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						

LAST NAME:

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

Liturgical Ministries:		Outreach Ministries:	
<input type="checkbox"/> Altar Server*		<input type="checkbox"/> Charity in Truth	
<input type="checkbox"/> Choir Singer		<input type="checkbox"/> Funeral Meals	
<input type="checkbox"/> Choir Instrumental		<input type="checkbox"/> St. Vincent DePaul Society	
<input type="checkbox"/> Lector*		<input type="checkbox"/> Parish Nurse*	
<input type="checkbox"/> Eucharistic Minister*		<input type="checkbox"/> HomeBound visits (EM)*	
<input type="checkbox"/> Sacristan*		<input type="checkbox"/> Pro-Life	
Educational Ministries:		Other:	
<input type="checkbox"/> Adoration		<input type="checkbox"/> Seasonal Decorating	
<input type="checkbox"/> Bible Study		<input type="checkbox"/> Church Cleaner	
<input type="checkbox"/> CCD Teacher		<input type="checkbox"/> Gardening on Campus	
<input type="checkbox"/> CCD Teacher Aide		<input type="checkbox"/> Church Cleaner	
<input type="checkbox"/> RCIA		<input type="checkbox"/> Gardening on Campus	
Fellowship Ministries:			
<input type="checkbox"/> Cookies & Coffee			
<input type="checkbox"/> Knights of Columbus			
<input type="checkbox"/> Seniors Luncheon			

NOTES:

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