

New Parishioner Registration Form

St. Joseph Catholic Church
1695 Wallenberg Blvd.
Charleston, SC 29407

Office Use Only Env. # _____

Please **PRINT** all answers clearly

Family (Last) Name: _____ Date: _____

Registrant's Name: _____ (M/F) Preferred Name: _____
Formal First Name, MI & Maiden (if applicable)

Spouse's Name: _____ (M/F) Preferred Name: _____
Formal First Name, MI & Maiden (if applicable)

Marital Status : Single () Engaged () Married () Divorced () Annulment () Widowed ()

Street Address: _____ City: _____ Zip Code: _____

Primary Phone #: _____ Primary Cell #: _____ Subdivision: _____

Primary E-mail Address: _____ Publish contact information? Yes No

Personal Info.	Registrant: Mr. Mrs. Ms. Miss Dr.	Spouse: Mr. Mrs. Ms. Miss. Dr.
Date of Birth	mm/dd/yyyy	mm/dd/yyyy
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," other denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," other denomination: _____
Sacraments Received (X)	Baptism ___ Communion ___ Confirmation ___ Marriage ___ Church where baptized _____	Baptism ___ Communion ___ Confirmation ___ Marriage ___ Church where baptized _____
Date of Marriage if applicable	mm/dd/yyyy	mm/dd/yyyy
Church of Marriage, City, State		
Occupation		
Employer Name		
Work Phone		

Dependent Information (Living at Home)

* Please note: If registering after June 1st, please indicate grade level entering in the Fall.
Children over 18 are suggested to register separately.

Name, MI (Last, if different)	Nickname	Birthdate	M/F	Grade	Baptized (List Year)	Communion (List Year)	Confirmation (List Year)

Please note any special needs (i.e. physically challenged, shut-ins, etc.): _____

Emergency Contact: Name _____ Relationship: _____ Telephone #: _____

Do you wish to receive the diocesan newspaper, *The Miscellany*? Yes No

May we give your name/address to the diocese if requested by them? Yes No

Parish Time and Talent Support
St. Joseph Catholic Church - Where "We Are Family"

Please review the ministry/organization checklist below. Choosing and signing up for any of these activities becomes your time and talent commitment (for both current and new members) for the coming year. Please use one column for each family member.

Please print clearly.

Last Name: _____ Date: _____

Street Address: _____ Envelope Number: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail Address: _____

Please Check if New: Address Phone E-Mail

Ministry/Organization	First Name Member or New	First Name Member or New	First Name Member or New	First Name Member or New	First Name Member or New
	○ ○	○ ○	○ ○	○ ○	○ ○
Administrative					
● Office Volunteer	○ ○	○ ○	○ ○	○ ○	○ ○
Christian Service					
● Arimatheans	○ ○	○ ○	○ ○	○ ○	○ ○
● Bereavement	○ ○	○ ○	○ ○	○ ○	○ ○
● Gardening Angels	○ ○	○ ○	○ ○	○ ○	○ ○
● Incident Management & Preparedness Response Team	○ ○	○ ○	○ ○	○ ○	○ ○
● Knights of Columbus	○ ○	○ ○	○ ○	○ ○	○ ○
● Parish Council	○ ○	○ ○	○ ○	○ ○	○ ○
● Parish Hospitality (Welcome)	○ ○	○ ○	○ ○	○ ○	○ ○
● Respect for Life	○ ○	○ ○	○ ○	○ ○	○ ○
● Piecemakers	○ ○	○ ○	○ ○	○ ○	○ ○
● St. Vincent de Paul	○ ○	○ ○	○ ○	○ ○	○ ○
Community Building					
● Athletic Assn.	○ ○	○ ○	○ ○	○ ○	○ ○
● FUNdraisers	○ ○	○ ○	○ ○	○ ○	○ ○

● Ladies Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Youth Ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formation							
● Rel. Ed. Aide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Rel. Ed. Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● RCIA Sponsor							
● RCIA Team Mbr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Sunday School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Growth							
Worship							
● Adult Choir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Altar Server	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Altar Angels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Extraordinary Minister of Holy Communion (Mass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Extraordinary Minister of Holy Communion (Nursing Homes, Shut-ins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Greeter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Reader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Usher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Youth Choir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I understand that by becoming a member of St. Joseph Church, I am called to attend Mass regularly at St. Joseph Church, use my contribution envelopes, and support the parish ministries.

Signature: _____
 Registrant

Signature: _____
 Spouse