

CHURCH PARISH MEMBERSHIP FORM

St. Joseph Co-Cathedral Catholic Church

Thibodaux, Louisiana

I/WE would like to register as (a) member/s of St. Joseph Co-Cathedral Catholic Church.

LAST NAME

FIRST

(MAIDEN)

AGE

MAILING ADDRESS: _____

PHYSICAL ADDRESS (if different from above) _____

HOUSE NO.

STREET

CITY & ZIP

Preferred Phone Nos.: _____ EMAIL ADDRESS/ES: _____ and _____

CIVIL STATUS: Single Widowed Separated Divorced
 Married: in the Catholic Church Date: _____

Church & Place of Wedding: _____

OR by a Judge/J.P. or other Non-Catholic Minister

Please indicate if any member of your household has special needs: _____

I/We would like to receive the Church Parish Contribution Envelopes.

HOUSEHOLD: List all members including yourself (Use back of this Form if more space is needed)

| Full name (and last name if different) | Sex M/F | Age | Date of Birth mm/dd/year | SACRAMENTS RECEIVED | | | (For Children) School Attending & Grade | (For Adults) Occupation |
|--|------------|-----|-----------------------------|---------------------|--------------------|--------------|--|----------------------------|
| | | | | Baptism | First Communion | Confirmation | | |
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Name of former Church Parish: _____

Church Mailing Address: _____

SIGNATURE: _____ DATE: _____