



ST. CLARE OF ASSISI REGISTRATION

Date: _____

Family Last Name		Home Mailing Address		
City	State	ZIP	Home Phone	
Address (if different from mailing address)			Family's Primary e-mail address (list individual emails by each name)	

Head of Household

First, Middle, and Nickname	Birth Date	Religion
Marital Status (Check One) <input type="checkbox"/> Married; <input type="checkbox"/> Single; <input type="checkbox"/> Widowed	Wedding Date	Language spoken
Occupation and Job Title	Work Phone	Cell Phone

Spouse

First, Middle, and Nickname	Maiden	Birth Date	Religion
Marital Status (Check One) <input type="checkbox"/> Married; <input type="checkbox"/> Single; <input type="checkbox"/> Widowed		Wedding Date	Language spoken
Occupation and Job Title		Work Phone	Cell Phone

Other Members of Household

First, Middle and Nickname of each member of household (Only indicate last name if different from above).	Date of Birth	M/F	Current School Grade	Language spoken	Religion
1.					
2.					
3.					
4.					

Additional Questions

Would you like to receive the Catholic Herald at a cost to you of \$20 per year? YES NO

Emergency contact and phone number: _____

Would you like to serve in any of the following ministries? Lector; Usher/Greeter; Eucharistic Minister; Music Ministry; Catechist; Youth Ministry; Funeral Lunch; Communion to Homebound

Check if you want to be contacted by: Knights of Columbus Catholic Daughters of the Americas