

OUR LADY STAR OF THE SEA PARISH REGISTRATION

DOB: _____

Family Name _____ Env. # _____ Date _____
 Street Address _____ Home Phone No. _____
 City _____ State _____ Zip _____ No. of Years at Address _____
 Family E-mail Address _____ Emergency Phone No. _____
 Former Parish/Location _____ Other language(s) spoken at home _____

	MALE ADULT		FEMALE ADULT		Parish Ministries -responding to your interests, needs and talents - please circle
First Name					WORSHIP Eucharistic Ministry Lector Ministry Music Ministry – Adult/Children’s Choir/ Usher/Greeter Ministry Altar Servers – boys/girls 4 th grade and above Altar Guild FAITH FORMATION/SPIRITUALITY Adult Faith/Spiritual Formation RCIA – Becoming a Catholic Scripture Study SERVICE Religious Education – Catechist Any other needs / interests of which you would like us to be aware?
Middle Name					
Maiden Name	n/a				
E-mail Address					
Cell Phone					
Occupation					
Employer/Business Phone					
Marital Status					
Catholic Marriage	YES	NO	YES	NO	
Church, date and place of wedding					
Birthdate (MM/DD/YY)					
Religion (please specify)					
Baptism	YES	NO	YES	NO	
First Penance	YES	NO	YES	NO	
First Communion	YES	NO	YES	NO	
Confirmation	YES	NO	YES	NO	
Weekly Mass	YES	NO	YES	NO	
Education-Level Completed/Degree					
Any special needs?					
In what activities were you involved in your previous parish?					

please turn this form over and complete the back for any children living in your household

