

# *SJE Parish Registration*

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New to the Parish? We invite you to register and be a part of our family.

## Name

First: \_\_\_\_\_ Last: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Roman Catholic:  Yes  No If no, please provide details: \_\_\_\_\_

Would you like to learn more about becoming a Roman Catholic?  Yes  No

## Spouse's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Spouse's E-mail Address: \_\_\_\_\_

Roman Catholic:  Yes  No If no, please provide details: \_\_\_\_\_

Would you like to learn more about becoming a Roman Catholic?  Yes  No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Church and Place of Marriage: \_\_\_\_\_ Date of Marriage (dd-mm-yyyy): \_\_\_\_\_

Would you like to be included in our date of birthday and anniversary list?  Yes  No

How long have you been attending the parish? \_\_\_\_\_

Would you like to request offering envelopes:  Yes  No

Envelope Number: \_\_\_\_\_ (if known, otherwise leave blank for assignment of number)

Would you like to request to become a:

Member or Affiliate of the Personal Ordinariate of the Chair of St Peter?  Yes  No

Would you like to receive mailings about events in the parish and the Ordinariate?

Paper  E-mail  Both  No, I do not wish to receive any information

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*SJE Parish Registration – continued*

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Please complete this section for all children under the age of 18 who live at home with you.

Child 1

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Child 2

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Child 3

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Child 4

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Child 5

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Child 6

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth (dd-mm-yyyy): \_\_\_\_\_

Additional Children:

Comments: _____ _____ _____
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By completing, signing and dating this form, you agree that the information provided to the Parish is accurate and may be used to: create a record of your request for membership; administer our Ordinariate records; contact you in relation to the ministries, activities, and outreach of the Parish.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date of Registration (dd-mm-yyyy) (Required)