

# REGISTRATION FORM FOR CHURCH MEMBERSHIP

ST. JOSEPH'S CHURCH

P.O. BOX 67

BAGLEY, MN 56621

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHILDREN

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

## WOULD YOU LIKE TO PARTICIPATE IN ANY OF THE FOLLOWING MINISTRIES:

Please fill in name of family member

LECTOR \_\_\_\_\_ PSALMIST \_\_\_\_\_

CROSS BEARER \_\_\_\_\_ EUCHARISTIC MINISTER \_\_\_\_\_

MASS SERVER \_\_\_\_\_ USHER \_\_\_\_\_

GREETER/GIFT BEARER \_\_\_\_\_ MUSICIAN \_\_\_\_\_

CHOIR \_\_\_\_\_ PETITIONS \_\_\_\_\_ SACRISTAN \_\_\_\_\_

R.E. TEACHER \_\_\_\_\_

ALL WOMEN OF THE PARISH ARE ENCOURAGED TO BE A MEMBER OF THE LADIES GUILD.

WOULD YOU LIKE A BOX OF OFFERING ENVELOPES? \_\_\_\_\_

PLEASE TURN THE FORM IN TO THE RECTORY (WE WOULD LIKE TO MEET YOU) MAIL TO ABOVE ADDRESS OR PLACE IN THE COLLECTION BASKET. WELCOME!