

St. Joseph Catholic Church P. O. Box 199 Rayne, LA 70578

Date: _____

Families Last Name: _____ Head of House _____

Mailing Address: _____ City: _____ **State:** _____ Zip Code: _____

Physical Address (If different) _____ **City:** _____ **State:** _____ Zip Code: _____

Phone: _____ Home: _____ **Work:** _____ **Cell:** _____

Would you like to receive Offertory Envelopes? Y/N

Status: *Married* *Single* *Widowed* *Separated* *Divorced*
 Were you married by a Catholic Priest? Y/N If not, would you like to talk to a priest or Deacon? Y/N

Wife's Maiden Name _____

First Name	Date of Birth	Baptized	Catholic	If not would you like to become Catholic?	Church of Baptism	City & State of Baptism	First Communion	Confirmed	Attend Mass Regularly	Race	Occupation	
Mr.		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N			
Miss/Mrs.		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N			
<i>Children living with you. List last name if different from Family name above.</i>										<i>Grade</i>	<i>School Name</i>	<i>CMJ</i>
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N		Y/N	
<i>Other Persons Living With You</i>										<i>Relation</i>		
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N			
		Y/N	Y/N	Y/N			Y/N	Y/N	Y/N			

(Over)

Who should be notified in an emergency? _____ Phone _____

Is there a shut-in at your home who would like to receive Communion? Y/N _____ Name: _____

Ministries / Organizations:

I would like information on taking part in an Adult Education Program.

Y/N

I would like information on the following parish ministries / organizations: _____

Please list any ministries / organizations you currently belong _____

Any Additional Comments: _____

Thank you for your cooperation .
All information will be treated confidentially .