

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				
Children living with you. List last name if different from Family name above.										Grade	School Name	CCD	M/F
		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	
Other Persons Living With You										Relation			
		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:

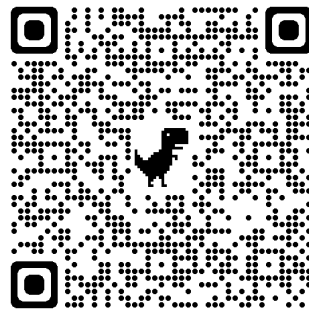
I would like information on taking part in an Adult Education Program. Y/N

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

Please list any ministries / organizations you currently belong _____

Any Additional Comments: _____

Scan the code to take Spiritual Gift Assessment



Visit <https://stjoerayne.org/ministries/spiritualgiftassessment> for more information.