

All Information remains Confidential

St. Raphael Parish Registration Form



ID #	_____
DUID #	_____
DATE	_____
LTR	_____
IS	_____
CALL	_____
STWD	_____

Head of Household Last Name _____ Jr. Sr. I II

Head of Household First Name _____ Mr. Mrs. Ms. Dr.

Spouse/Member _____ Mr. Mrs. Ms. Dr.

Maiden Name _____

Family Status: Married Single/Cohabiting Widowed Separated Divorced Are you interested in Online Giving? Y N

Street Address _____ Apt/Unit # _____ City & State _____ ZIP _____

Permanent Seasonal (List month/day at seasonal residence) _____ From _____ To _____ Would you like mail sent to seasonal address? Y N

Seasonal Address _____ Apt/Unit # _____ City & State _____ ZIP _____

Home Phone _____ Unpublished Preferred Phone # for general questions: Home His Mobile Her Mobile

Preferred Family Email _____

If you live alone, please list an emergency contact person: Name _____ Phone: _____

Are there any homebound/bedridden persons in the household in need of Communion? YES NO

FOR EACH MEMBER (INCLUDING THOSE LISTED ABOVE) PLEASE FILL IN THE INFORMATION BELOW

	HEAD OF HOUSEHOLD	SPOUSE / MEMBER	CHILD / MEMBER 1	CHILD / MEMBER 2	CHILD / MEMBER 3	CHILD / MEMBER 4
First Name						
Last Name (If Different)						
Religion: 1-Cath, 2-Non Cath Christian, 3-Non Christian						
Handicap or Homebound						
Language(s) Spoken						
Ethnicity / Race						
Cell / Mobile Phone						
School Child Attends						
Current Grade or Degree: K, 1-12, AA, BA, BS, JD, MA, MS, MD, PHD						
Date of Birth (M / D / Y)	/ /	/ /	/ /	/ /	/ /	/ /
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Baptized	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
City & Church of Baptism						
First Communion	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Confirmed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
City & Church of Confirmation						
Marital Status: 1-married, 2-single, 3-sep/div, 4-annulled, 5-widowed						
Date of Marriage (M / D / Y)	/ /	/ /				
Married by Cath. Priest/Deacon?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Sharing Our Time and Talent

We at St. Raphael believe in the “Stewardship Program” committed to serving the Lord with our God-given time, talents, and treasure. On this page we ask you to tell us a bit about yourself and ask in what ways you may want to offer your time and talent. A parish member will be contacting you shortly about your interests. If you would like to know more about the ministries at St. Raphael’s, visit the website at www.st-raphaels.com.

YOUR CURRENT OCCUPATION:

Check off “H” for Head of Household, “S” for Spouse as listed on front of form.

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ABOUT YOUR MINISTRY INTERESTS:

Contact information will be passed on to the ministry head.

LITURGY AND SPIRITUAL LIFE MINISTRIES

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| <u>H</u> | <u>S</u> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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FAITH FORMATION AND SPIRITUAL GROWTH MINISTRIES

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| <u>H</u> | <u>S</u> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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PARISH LIFE AND OUTREACH MINISTRIES

- | | |
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| <u>H</u> | <u>S</u> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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ST. RAPHAEL CATHOLIC SCHOOL MINISTRIES

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| <u>H</u> | <u>S</u> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

CHILDRENS MINISTRY INTEREST

Write Child’s name or initials next to interest:

- | | |
|---------------------|-------|
| Altar Server | _____ |
| School Mass Choir | _____ |
| Youth Praise Band | _____ |
| Middle School Youth | _____ |
| High School Youth | _____ |

WHICH MASS DOES YOUR FAMILY ATTEND OR WILL LIKELY ATTEND? Sat 4:30pm Sun 8am Sun 9:30am Sun 11:30am Sun 5:30pm

ADDITIONAL COMMENTS: _____
