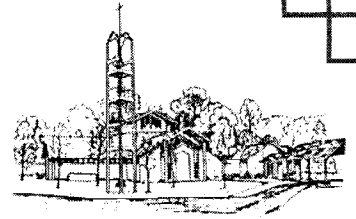


St. Jude Catholic Church

Member Registration and Parishioner Update Form



Welcome! If you would like to become a registered member of St. Jude or are just updating your information, please complete as much information as possible, and e-mail or mail this back to us or simply drop it in the collection basket at Mass.

Family Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____ Cell: _____

(See other side for complete household information)

We are/I am (Please check all that apply):

- New to St. Jude.
- Currently registered and updating information.
- Registered but not receiving envelopes and would like them.
- Returning to St. Jude.
- Not Catholic and would like to know more about the Catholic Faith.

Please Contact us/me about the following Sacraments:

- Baptism for child(s).
- First Eucharist for child(s).
- Confirmation for teen.
- Marriage.
- Adult Baptism, First Eucharist, Confirmation.

Do you or anyone in your home need help getting to church? ___Yes ___No

Would you or anyone in your home need a visit from the priest? ___Yes ___No

Is there anyone you feel we could contact to invite to our parish? ___Yes ___No

Name: _____ Address: _____

If possible, please, submit a family photo for our directory. Photos will be returned.

Photo enclosed: ___Yes ___No *Please, identify each person on the back of photo.*



St. Jude Parish Registration/Update Continued



Head of Household: _____

Religion: _____ Date of Birth (Month/Day/Year): _____

Occupation: _____ Work/Cell phone: _____

Email Address: _____

Baptized: ___ Yes ___ No Where: _____ Date: _____

Confirmed: ___ Yes ___ No Where: _____ Date: _____

Marital Status:

___ Single ___ Married (Date/Place of Marriage): _____

___ Divorced ___ Widowed

Ministry Experience: _____

Spouse Information: Name: _____ Maiden: _____

Religion: _____ Date of Birth (Month/Day/Year): _____

Occupation: _____ Work/Cell phone: _____

Baptized: ___ Yes ___ No Where: _____ Date: _____

Confirmed: ___ Yes ___ No Where: _____ Date: _____

Ministry Experience: _____

Child #1 at home school/college

Name: _____

Date of Birth (Mo./Day/Year): _____

Baptized: ___ Yes ___ No

If yes, Where/Date: _____

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #2 at home school/college

Name: _____

Date of Birth (Mo./Day/Year): _____

Baptized: ___ Yes ___ No

If yes, Where/Date: _____

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #3 at home school/college

Name: _____

Date of Birth (Mo./Day/Year): _____

Baptized: ___ Yes ___ No

If yes, Where/Date: _____

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #4 at home school/college

Name: _____

Date of Birth (Mo./Day/Year): _____

Baptized: ___ Yes ___ No

If yes, Where/Date: _____

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No