

ST. JOSEPH CHURCH
1310 MAINSTREET, HOPKINS, MN 55343
952-935-0111

saint
Joseph's
parish



Today's Date: _____

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LAST NAME: _____

ADDRESS: _____

PHONE
NUMBER: _____

EMAIL: _____

How did you
hear about
St. Joseph Parish?
(please circle)

Friend

Mailing

Other:

**M
E
M
B
E
R

1**

Date of birth: ____/____/____
Month day year

First Name _____

Occupation _____

Place of Employment _____

Work Phone _____

Marital Status: *(please circle)* *Single* *Married* *Divorced* *Widowed* *Separated*

Marriage: ____/____/____ Church _____ Location _____
month day year

Maiden name if applicable: _____ Religion: _____

Ethnicity: *(please circle)* *Caucasion* *Hispanic* *Asian* *African American* *Other* _____

Languages spoken:

Sex: *(please circle)* *Male* *Female* Baptism: Y N 1st Communion: Y N Confirmation: Y N
(please circle)

**M
E
M
B
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R

2**

Date of birth: ____/____/____
Month day year

First Name _____

Occupation _____

Place of Employment _____

Work Phone _____

Marital Status: *(please circle)* *Single* *Married* *Divorced* *Widowed* *Separated*

Marriage: ____/____/____ Church _____ Location _____
month day year

Maiden name if applicable: _____ Religion: _____

Ethnicity: *(please circle)* *Caucasion* *Hispanic* *Asian* *African American* *Other* _____

Languages spoken:

Sex: *(please circle)* *Male* *Female* Baptism: Y N 1st Communion: Y N Confirmation: Y N
(please circle)

Please turn over page and complete children's information

Your registration is concluded when you have completed and returned this form to the Parish Office.

CHILDREN AT HOME

	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
First Name	_____	_____	_____	_____
Last Name <i>(If different from family)</i>	_____	_____	_____	_____
Date of Birth	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>
School	_____	_____	_____	_____
School Grade	_____	_____	_____	_____
Date Baptized	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>
Date of First Communion	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>
Date of Confirmation	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>	____/____/____ <i>Month day year</i>

Other Information:

Please turn over page and complete family information

Your registration is concluded when you have completed and returned this form to the Parish Office.