



Saint Joseph the Worker Catholic Church

1796 N. State Highway NN Ozark, Missouri 65721
417-581-6328 www.saintjosephozark.org

OFFICE USE ONLY

Date ___/___/___

ID #: ___ Mirror: ___

Phone: ___ PDS: ___

Env: ___ Packet: ___

REGISTRATION FORM (Please Print Clearly)

Previous Parish _____ City & State: _____

Family Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Unlisted: YES ___ NO ___ Email: _____

Head of Household: (First Name) Mr./Mrs./Ms. _____ Date of Birth ___/___/___

Religion: Catholic ___ Other (specify) _____ Ethnicity: _____ Language: _____

Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ Holy Communion: ___/___/___ Confirmation: ___/___/___

Church of Baptism: _____ City & State: _____

Occupation: _____ Employer: _____

Cell phone: _____ Work Phone: _____

Spouse: (First Name) Mr./Mrs./Ms. _____ Date of Birth ___/___/___

Last Name if different: _____

Religion: Catholic ___ Other (specify) _____ Ethnicity: _____ Language: _____

Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ Holy Communion: ___/___/___ Confirmation: ___/___/___

Church of Baptism: _____ City & State: _____

Occupation: _____ Employer: _____

Cell phone: _____ Work Phone: _____

Marital Status: Single (Never married): ___ Engaged: ___ Widowed: ___ Divorced, Not Remarried: ___

Invalid Catholic Marriage: ___ Living Together: ___

Married: ___ Date: ___/___/___ Married by Priest: YES ___ NO ___ City & State: _____

Separated: ___ Divorced: ___ Applied for annulment: YES ___ NO ___ Annulment Granted: YES ___ NO ___

Please indicate if you are interested in learning more about the following parish activities, groups, and ministries:

Faith Formation: RCIA: ___ Bible Study: ___ PSR: ___ Youth Group: ___ Little People's Church: ___

Organizations: Knights of Columbus: ___ Ladies Auxiliary: ___ St. Anne's Guild: ___ Stitch-by-Stitch ___ PCCW: ___

Ministries: EMHC: ___ Reader: Servers ___ Altar: ___ Gift Bearers: ___ Users/Greeters: ___ Choir: ___ Musician: ___

Names of Children or Other Household Members

Name: _____ Relationship: _____ Male: ___ Female: ___
Date of Birth: ___/___/___ Grade: _____ School Attending: _____
Cell phone: _____ Email: _____
Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___
Church of Baptism: _____ City & State: _____

Name: _____ Relationship: _____ Male: ___ Female: ___
Date of Birth: ___/___/___ Grade: _____ School Attending: _____
Cell phone: _____ Email: _____
Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___
Church of Baptism: _____ City & State: _____

Name: _____ Relationship: _____ Male: ___ Female: ___
Date of Birth: ___/___/___ Grade: _____ School Attending: _____
Cell phone: _____ Email: _____
Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___
Church of Baptism: _____ City & State: _____

Name: _____ Relationship: _____ Male: ___ Female: ___
Date of Birth: ___/___/___ Grade: _____ School Attending: _____
Cell phone: _____ Email: _____
Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___
Church of Baptism: _____ City & State: _____

Name: _____ Relationship: _____ Male: ___ Female: ___
Date of Birth: ___/___/___ Grade: _____ School Attending: _____
Cell phone: _____ Email: _____
Sacraments: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___
Church of Baptism: _____ City & State: _____

If you need to add more household members or provide other information about your family, please attach additional documents to this registration form.