

# St. Joseph Church – Prairie du Rocher, Illinois Resident Registration

Welcome to St. Joseph Church!

Be so kind as to complete this registration form for yourself or for your family  
(including high school and/or younger children)

\*\*\*\*\*  
Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*\*\*\*\*

Adult 1: \_\_\_\_\_  
Last First Middle (Goes by)

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Baptized: \_\_\_ Yes \_\_\_ No First Reconciliation: \_\_\_ Yes \_\_\_ No First Communion: \_\_\_ Yes \_\_\_ No  
Confirmed: \_\_\_ Yes \_\_\_ No

Catholic: \_\_\_ Yes \_\_\_ No If not, what Faith \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

Date Married: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Place and Address of Marriage: \_\_\_\_\_  
\_\_\_\_\_

If civilly married, was this marriage blessed by the Catholic Church: \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_  
\_\_\_\_\_

Adult 2: \_\_\_\_\_  
Last First Middle (Goes by)

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

E-mail if different from adult 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Baptized:  Yes  No First Reconciliation:  Yes  No First Communion:  Yes  No  
Confirmed:  Yes  No

Catholic:  Yes  No If not, what Faith \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

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CHILDREN (Persons over 18 should complete their own registration form)  
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Name: Last	First	M--F	Birth Date	Grade	Baptism	Recon.	Comm.	Confirm
1. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No
2. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No
3. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No
4. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No
5. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No
6. _____	_____	_____	____/____/____	_____	Yes No	Yes No	Yes No	Yes No

\*\*\*For High School Age Teenagers: Please list cell phones and/or email addresses.\*\*\*

First Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_