

603-745-2266

ST. JOSEPH PARISH REGISTRATION FORM
LINCOLN, NH 03251

stjlincoln@gmail.com

Family Name _____

Permanent Residential Address _____ Town _____ State _____ Zip _____

Local Seasonal Address _____ Town _____ State _____ Zip _____

Mailing Address _____ Town _____ State _____ Zip _____

Home Phone _____ Cell Phone(s) _____ E-Mail(s) _____

Marital Status: Married Widowed Divorced Separated Single

Married in Catholic Church? Church/Location _____ Other _____ Date of Marriage _____

FAMILY INFORMATION OF THOSE LIVING IN THIS HOUSEHOLD

Adult 1 _____ M/F _____ Birth Date _____ Religion _____ Occupation _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Adult 2 _____ M/F _____ Birth Date _____ Religion _____ Occupation _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Child 1 _____ M/F _____ Birth Date _____ Religion _____ School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Child 2 _____ M/F _____ Birth Date _____ Religion _____ School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Child 3 _____ M/F _____ Birth Date _____ Religion _____ School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Child 4 _____ M/F _____ Birth Date _____ Religion _____ School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Child 5 _____ M/F _____ Birth Date _____ Religion _____ School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Have you served in parish a ministry (i.e. Lector, EMHC, Greeter, Collector, choir)? _____

Would you like to serve here? _____

Would you like collection envelopes? _____