

St. Joseph Catholic Church

300 West Houston St. Garrett, IN 46738 (260)357-3122

Date _____ New Registration Registration Update (Circle one)

Last Name _____

Address _____

City, State, Zip _____

Home Telephone _____

Male

Female

First Name _____

Work Phone _____

Cell Phone _____

Maiden Name _____

Birthdate (Month/Day/Year) _____

Religion _____

Occupation _____

E-mail Address _____

Previous Parish (if any) _____

Catholic Sacraments Received (please circle)

Baptism	Yes	No		Yes	No
First Reconciliation	Yes	No		Yes	No
First Communion	Yes	No		Yes	No
Confirmation	Yes	No		Yes	No

Marital Status (Circle One)

Catholic Marriage Civil Marriage Single Widowed Separated Divorced Engaged

Children (please list all living at home)

Name	Birthdate	Baptism	First Rec.	First Comm.	Confirmed	School
		yes no	yes no	yes no	yes no	
		yes no	yes no	yes no	yes no	
		yes no	yes no	yes no	yes no	
		yes no	yes no	yes no	yes no	