

Parish Registration

Date _____

1. Adult Information

| Adult Name (First/Last) Title (Ex: Mr, Mrs, Ms, Dr, etc) | Birth Date (mm/dd/yy) | Religion | Email (To keep you informed of parish events) | Cell/Business Phone | Occupation | Marital Status: S=Single M=Married D=Divorced W=Widowed |
|---|--------------------------|----------|--|---------------------|------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Mailing Address: _____ **City/Zip:** _____ **Home Phone:** _____

Please contact me with information about **preparing to receive sacraments as an adult:** Baptism Eucharist Reconciliation Confirmation or Marriage

Envelope Preference: Weekly Monthly Quarterly **In the Parish Directory, may we list your address** Yes No **and Phone Number** Yes No

We attempt to accommodate the needs of all people. If any family member has a medical condition or special need that we should be aware of, please contact the parish office (see below).

2. Child / Youth Information of children living at home (for parish records)

| Child or Youth Name (First/Last) | Birth Date (mm/dd/yy) | Gender <input checked="" type="checkbox"/> | | Grade | School Attending | Youth Email (Grade 6-12 only) (Used to keep you informed of youth ministry events) | Indicate Sacraments Received <input checked="" type="checkbox"/> | | | |
|-------------------------------------|--------------------------|---|--------------------------|-------|------------------|--|--|--------------------------|--------------------------|--------------------------|
| | | M | F | | | | Bapt. | Recon. | Euch. | Conf. |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Getting Involved: Please circle the ministries below that interest you and we will contact you with more information.

| Liturgical Ministries | Faith Formation | Outreach Ministries | Sharing Your Talents |
|--|---|---|--|
| Eucharistic Minister, Lector, Usher, Altar Servers, Decorating Church, Furnishing Flowers, Arranging Flowers, <u>Music</u> : Adult Choir | Children's Ministry Classroom Helper or Teacher, Youth Ministry, <u>Adult Ministries</u> : Bible Studies, Retreats, Knights of Columbus, Altar Society, Hispanic Prayer Group | Welcoming Committee, Visiting Sick/Homebound, Food Prep. for Funerals | Carpentry, Plumbing, Electrical, Painting, Concrete, Computers, Landscape Maintenance, Other Special Projects, General Office Help |

Contact Info: 541-386-3373 **Please Return Form To:** PO Box 693, Hood River, OR 97301, collection basket, parish office, or a staff member.