Saint Joseph Catholic Church
958 Epps Bridge Parkway, Athens, GA 30606
Phone: 706-548-6332

Date:_____

PARISH REGISTRATION FORM

Family Last Name:_____

Home Address:_____

City: _____ **Zip code:** _____ **Home Phone#**_____

Cellular#: _____ **e-mail:** _____

Marital Status: ___ **Married in the Catholic Church** ___ **Divorced**
(Mark one): ___ **Married not in the Catholic Church** ___ **Widowed** ___ **Single**

Head of Household_____ **Spouse**_____

Profession _____ **Profession**_____

Religion_____ **Religion**_____

(Include Head of Household and Spouse)
SACRAMENTAL INFORMATION OF FAMILY AND OTHERS LIVING IN SAME HOUSEHOLD

First & Last Name Family relashionship	Fem. (F) or Male (M)	D.O.B.	Bapt Y/N	Euch Y/N	Conf Y/N

Are you Bilingual: ___**Yes** ___**No, What language?** _____
Are there any activities you would like to be involved in? _____

Would you like to receive envelopes for contributions to the parish? Yes___ No___
Or the Georgia Bulletin? Yes___ No___