

New Membership Form
ST. FRANCIS OF ASSISI CATHOLIC CHURCH

New Member Returning Member

Envelope No. _____

FAMILY INFORMATION

Family Name			
Head of Household Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Other _____	
Sacraments: <input type="checkbox"/> Baptism _____ <input type="checkbox"/> First Holy Communion _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Matrimony _____			
Address:		City:	Zip:
Phone: ()	Alternate: ()	Cell: ()	Work: ()
E-mail			
Talents/Skills			

SPOUSE INFORMATION

Spouse Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Other _____	
Sacraments: <input type="checkbox"/> Baptism _____ <input type="checkbox"/> First Holy Communion _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Matrimony _____			
Phone: ()		Alternate: ()	Work: ()
E-mail			
Talents/Skills			

HOUSEHOLD INFORMATION

Name:	Date of Birth:	<input type="checkbox"/> Baptism _____ <input type="checkbox"/> First Holy Communion _____ <input type="checkbox"/> Confirmation _____
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SIGNATURES

Signature	Signature
Print Name	Print Name
Date	Date