

Good Shepherd Parish Member Registration Form

Date Registered _____ Family Last Name _____ Maiden _____ City _____ ZIP _____
 Address _____

Home Phone # _____ E Mail _____ Preferred Language _____

Do you wish to receive the Catholic Herald? (Yes) (No) (Subscription fee of \$20 per year is required.)
Name you wish to have on your Church Support Envelope (i.e., Mr. & Mrs. John Doe, Maxine Doe): _____

	Adult	Adult	Child - if at home	Child	Child	Child	Child
First Name							
Middle Name							
Last Name							
Gender	M / F	M / F	M / F	M / F	M / F	M / F	M / F
Birthdate							
Marital Status							
Marriage Date & Place							
Did you marry in a Catholic Ceremony (or in a ceremony valid for the Catholic Church?)	Yes / No	Yes / No					
Occupation and Employer							
Business Phone							
Handicap/Homebound	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Religion							
Baptized	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Baptized Catholic	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If not, what faith was baptism?	_____	_____	_____	_____	_____	_____	_____
Penance in Catholic Church	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Communion in Catholic Church	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Confirmed in Catholic Church	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Please list the names of all children and city of residence who are not living at home: _____