

St. Augustine Church Parish Registration Form

| |
|------------------------|
| For Office Use |
| Registry Date: _____ |
| Envelope Number: _____ |

*Please print clearly and fill out this form completely (back page too).
Return it to the Parish Office or in an envelope in the Offertory.*

| | |
|-----------------------------|------------------|
| Family Last Name(s): | |
| Mailing Address: | |
| City: | Zip Code: |
| Home Phone: | |

PLEASE WRITE INFORMATION CLEARLY

Would you like us to send you Offertory Envelopes: (Please Check) Yes No

| |
|----------------------------------|
| Adult # 1 (Head of House) |
| First Name: |
| Goes By: |
| Occupation: |
| Cell Phone: |
| Email Address: |

| |
|---------------------------|
| Adult # 2 (Spouse) |
| First Name: |
| Goes By: |
| Occupation: |
| Cell Phone: |
| Email Address: |

| | | | | |
|------------------------------|-------------------------|--|---|---|
| If Married: Date of Marriage | Check type of Marriage: | <input type="checkbox"/> Marriage in Catholic Church | <input type="checkbox"/> Marriage Outside Catholic Church | <input type="checkbox"/> Civil Marriage |
|------------------------------|-------------------------|--|---|---|

Members of the Household

| First Name | Goes By: (Nickname) | Relationship (Son, Daughter, Parent, etc) | Date of Birth MM/DD/YY | Baptism (Y/N) | First Eucharist (Y/N) | Confirmation (Y/N) | Special Situation Use Code Below |
|------------|---------------------|---|------------------------|---------------|-----------------------|--------------------|----------------------------------|
| | | <i>Head of Household</i> | | | | | |
| | | <i>Spouse</i> | | | | | |
| | | | | | | | |
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Special Situation Code: (D) Deaf (HH) Hard of Hearing (B) Blind
(CD) Cognitive Disability (ID) Intellectual Disability (AS) Autism Spectrum (MH) Mental Health

Please complete the back of this form

St. Augustine Ministry Participation

God has blessed each of us with many wonderful gifts and talents. To live in a Community of Faith we are called to share these gifts and talents with others. Please consider sharing your gifts and talents with us.

Please place the corresponding number besides the group(s) you are interested in.

- 1) Would like information about
- 2) Would like to share my skills with this group

Faith Formation

| | |
|--|--|
| _____ Catechist in our Parish School of Religion | _____ Bible Study |
| _____ Youth Group (Middle/High School) | _____ Children's Liturgy of the Word |
| _____ RCIA (Rite of Christian Initiation for Adults) | _____ Beatitudes Religious Education for Special Needs |

Liturgical Ministers

| | |
|-------------------------------|---------------------------------|
| _____ Singing Choir | _____ Signing Choir |
| _____ Music- Instrument _____ | _____ Lector (Reader) |
| _____ Eucharistic Minister | _____ Usher/Greeter |
| _____ Altar Server | _____ Sign Language Interpreter |
| _____ Livestream Ministry | _____ Other _____ |

Committees and Organizations

| | |
|-------------------------------|-----------------------------------|
| _____ Parish Council | _____ Finance Council |
| _____ Alhambra | _____ Knights of Columbus |
| _____ Food Pantry | _____ Building and Maintenance |
| _____ Parish Office Volunteer | _____ Visiting Sick and Homebound |
| _____ Church Decorating | _____ Church Cleaning |
| _____ Flower Gardening | _____ Driving |
| _____ Funeral Ministry | _____ Other _____ |

Any other skills or interest that you would like to share with us: _____

Thank you for your willingness to share your time and talents with us!

Just so, the Son of Man did not come to be served, but to serve.