

PARISH REGISTRATION FORM

Office Use: Parishioner ID# _____ Family Name: _____

ST. JUDE CATHOLIC CHURCH, 10526 166TH AVE. NE, REDMOND, WA 98052 425-883-7685 www.stjude-redmond.org

TODAY'S DATE: _____

Title : _____ *Male First Name* _____ *Female First Name* _____ *Last Name* _____
 (Mr. & Mrs., Mr., Mrs., Ms., Dr., Other)

Mailing Address: _____ *City:* _____ *Zip:* _____

Residence (if different from above): _____ *Email address:* _____ *Can your email be published: Yes No*

Primary phone number _____ *Can number be published? Yes No* *Secondary Phone Number:* _____ *Can this number be published: Yes No*

Marital Status (circle one): Married by Priest Married by Other Single Widowed Separated Divorced

	MALE HEAD OF HOUSE	FEMALE HEAD OF HOUSE	CHILDREN LIVING AT HOME (Please indicate male/female)			
Formal First Name						
First Name You Go By						
Last Name (if different)						
Maiden Name						
Religion						
Special Needs						
Other Language Spoken						
Occupation						
Business phone						
Date of Birth (M/D/Y)						
Gender						
Grade in School						
Baptized (Y/N)						
First Communion (Y/N)						
First Penance (Y/N)						
Confirmation (Y/N)						
Date Married (M/D/Y)						

Hobbies/Interests You Would Consider Sharing:

PLEASE RETURN TO THE PARISH OFFICE VIA MAIL/WALK-IN/ OR SUNDAY COLLECTION. FAXED REGISTRATIONS WILL NOT BE PROCESSED.