



# Saint Edward Parish Family Registration Form

Our Door is open. Our table is set.  
There is a place for you!

**Adult 1**

First & Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Unlisted? | | \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

**Adult 2**

First & Last Name \_\_\_\_\_

Street Address (If Different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Unlisted? \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Please list all family members including self and check box if sacrament has been received. Add dates if known.

Last Name, First Name	DOB	Baptized	1 <sup>st</sup> Penance	1 <sup>st</sup> Communion	Confirmed	Marriage
	MM/DD/YY	(with MM/DD/YY)	(with MM/DD/YY)	(with MM/DD/YY)	(with MM/DD/YY)	(If yes please give MM/DD/YY)
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you willing to volunteer time for Saint Edward Parish?

Yes                  No                  Maybe

Please name any talents or skills you can offer:

**Liturgical involvement or interest:**

- Eucharistic Minister
- Lector
- Hospitality
- Musician
- Sacristan (Set up worship space)

**Are you interested in being contacted regarding the following?**

- Adult Confirmation
- Annulment
- Becoming Catholic
- Other (Please indicate) use back side

Additional Questions

1. Are you able to attend Mass?

- Yes
- No

If not, why not?

2. Please check any of the following that would enhance your ability to participate fully in the life of our parish:

- Transportation
- Large print materials
- Sign-language interpreter
- Increased lighting
- Hearing device
- Welcoming companion
- Accessible entrances
- Accessible restrooms
- Accessible sanctuary
- Other?

3. Any other information you would like to share with us?

Do you wish to receive the CATHOLIC EXPONENT?  
(Catholic Newspaper)

Yes

No