

SAINT SEBASTIAN CHURCH + PARISH MEMBERSHIP FORM, BELLE VERNON, PA 15012

PLEASE FILL OUT THE INFORMATION BELOW AS COMPLETELY AS POSSIBLE. If you have children who are away at school/college but their main residence is your home, list them as members of your household on reverse side. If a family member is in a nursing/personal care home, confined to your home or has any special needs, please note that by their name. When filling out the names of the members of your household, please use **proper names** and put **nicknames** in parentheses, i.e., Lawrence (Larry); Margaret (Peggy); etc.

Do you give permission for Parish Staff to officially welcome you into our Parish in the Sunday Bulletin? YES NO

Do you wish to receive monthly mailed contribution envelopes? YES NO

Would you be interested in making contributions through EFT (Electronic Fund Transfer)? YES NO

FAMILY NAME _____ **PHONE Home:** _____ **Cell:** _____

ADDRESS _____

EMAIL ADDRESS _____

STATUS: Church Marriage, Civil Marriage, Single, Widowed, Separated, Divorced, Other (please explain) _____

If married or if woman is using married name, please give woman's maiden name _____

DATE & CHURCH or PLACE OF MARRIAGE _____

HEAD OF HOUSEHOLD:NAME _____ **Date of Birth** _____

Are you Baptized? YES NO If yes, the Religion/Denomination in which you were baptized: _____

If you were baptized in a Religion/Denomination other than Catholic and then later became a Catholic, give the name of the Catholic Church, town and the date that this occurred _____

Did you receive First Communion? YES NO Did you receive the Sacrament of Confirmation? YES NO

Occupation _____

Place of employment _____ Phone: _____

Do you have special medical needs that we may try to accommodate? _____

SPOUSE: NAME _____ **Date of Birth** _____

Are you Baptized? YES NO If yes, the Religion/Denomination in which you were baptized: _____

If you were baptized in a Religion/Denomination other than Catholic and then later became a Catholic, give the name of the Catholic Church, town and the date that this occurred _____

Did you receive First Communion? YES NO Did you receive the Sacrament of Confirmation? YES NO

Occupation _____

Place of employment _____ Phone: _____

Do you have special medical needs that we may try to accommodate? _____

(TURN PAGE OVER)

CHILDREN living with you or whose main residence is with you:

NAME _____ Date of Birth _____ Male or Female _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

Do any above children have special medical needs that we may try to accommodate? _____

OTHERS LIVING IN YOUR HOUSEHOLD:

Name _____ Relationship _____ Date of Birth _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO
Name _____ Relationship _____ Date of Birth _____
Is he/she Baptized? YES NO If yes, the Religion/Denomination in which he/she was baptized: _____
Did he/she receive First Communion? YES NO Did he/she receive the Sacrament of Confirmation? YES NO

OTHER INFORMATION, SPECIAL NEEDS OR REQUESTS: _____

FOR OFFICE USE ONLY: Date Received _____ Date entered in computer _____