



Return completed form to:
 St. Joseph Parish, 7900 Trendwood Dr.,
 Lincoln, NE 68506 (402) 483-2288
 Or email Mary-Koenig@cdolinc.net
Family Registration— PLEASE PRINT

For Parish Office Only

Registration
 Date: _____
 Env.# _____

Family Last Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Email: _____

(Please check one) Envelopes: _____ On-line Giving: _____ (<http://www.stjosephlnk.org>)

1. MALE'S FIRST NAME _____ MIDDLE NAME: _____
2. Cell Phone: _____ Work Phone: _____
3. Religion: _____
4. Military: ___ Army ___ Navy ___ Air Force ___ National Guard ___ Retired Military
5. DOB: ___/___/___ Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed
6. Sacramental Information (check all that apply) ___ Baptism ___ First Eucharist: ___ Confirmation
7. Occupation: _____

1. FEMALE'S FIRST NAME _____ MIDDLE NAME: _____ MAIDEN NAME: _____
2. Cell Phone: _____ Work Phone: _____
3. Religion: _____
4. Military: ___ Army ___ Navy ___ Air Force ___ National Guard ___ Retired Military
5. DOB: ___/___/___ Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed
6. Sacramental Information (check all that apply) ___ Baptism ___ First Eucharist: ___ Confirmation
7. Occupation: _____

CHILDRENS NAMES: <u>FIRST AND MIDDLE</u>	Gender M/F	DOB	Baptism	Eucharist	Confirmation
1.		___/___/___			
2.		___/___/___			
3.		___/___/___			
4.		___/___/___			
5.		___/___/___			