

**SAINT JOSEPH PARISH
P.O. BOX 285
BELMONT, NH 03220
603-267-8174**

PARISH REGISTRATION FORM

ID# _____ LAST NAME _____ TELEPHONE _____

Mailing Address: _____

Street _____ Town _____ Zip _____ P.O. Box _____

E-mail address: _____

Marital Status Married _____ Single _____ Separated _____ Widowed _____ Divorced _____

If Married: Date: ___/___/___ Where: _____

Name of Church _____ Location _____

Member Name Include wife's maiden name	Member Status Head, spouse, child	Birth date Male or female	Religion If not Catholic	Occupation Or school & grade

Please check off Sacraments each family member has received with dates (if known):

Family Member	Baptism	First Eucharist	Confirmation
1. Head of House	_____	_____	_____
2. Spouse	_____	_____	_____
3. Child	_____	_____	_____
4. Child	_____	_____	_____
5. Child	_____	_____	_____

Please list any additional information or family members on back.

Would you like to receive Contribution Envelopes? (yes or no)?
Circle one

