



New Member Profile

HEAD OF HOUSEHOLD - (circle one) Mrs., Ms, Dr, Mr. Date _____

Name: Last _____ First _____ Middle _____

Address: Street _____ PO Box _____
City _____ State _____ ZIP _____

Email Address (e-bulletins, special announcements, etc.) _____

Winter or Vacation Address: From _____ To _____
Street _____ PO Box _____
City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Occupation _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

SPOUSE - (circle one) Mrs., Ms, Dr, Mr. Date of Marriage _____

Name: Last _____ First _____ Middle _____

Work Phone _____ Occupation _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

CHILDREN LIVING AT HOME

(Circle one) Son / Daughter

Name: Last _____ First _____ Middle _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

(Circle one) Son / Daughter

Name: Last _____ First _____ Middle _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

(Circle one) Son / Daughter

Name: Last _____ First _____ Middle _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

(Circle one) Son / Daughter

Name: Last _____ First _____ Middle _____

Date of Birth _____ Baptism Yes / No First Communion Yes / No Confirmation Yes / No

Are you or a family member interested in or currently serving in any of the following ministries? Please fill in the appropriate blanks.

	Currently Serving	Willing to Serve	Name(s) of Family Member
Choir	_____	_____	_____
Altar Server	_____	_____	_____
Lector	_____	_____	_____
Eucharistic Minister	_____	_____	_____
Usher	_____	_____	_____
Religious Ed Teacher	_____	_____	_____

Are you or a family member interested in or currently serving in any of the following Councils or Committees? Please fill in the appropriate blanks.

Parish Council	_____	_____	_____
Finance Council	_____	_____	_____
Summer Festival Committee	_____	_____	_____
Funeral Luncheon Committee	_____	_____	_____
Christian Service Committee	_____	_____	_____

Are you or a family member interested in or currently serving in any of the following Parish Organizations? Please fill in the appropriate blanks.

The Rosary Society	_____	_____	_____
The Legion of Mary	_____	_____	_____
Prayer Chain	_____	_____	_____
Catholic Women's Club	_____	_____	_____
Men's Club	_____	_____	_____
The Quilting Group	_____	_____	_____

Are you or a family member unable to attend Mass because of a health or disability? If so please indicate if you wish to receive the following:

Bulletin Mailing	_____
Communion (weekly home visit)	_____

Welcome! We are happy to have you join us as parishioners at Holy Rosary. The information you have provided helps us to minister you more effectively.