

**STS. MARY AND JOSEPH CATHOLIC CHURCH – SAWYER, MN**

**PARISH REGISTRATION FORM**

Parish Office: 509 Sunrise Drive, Carlton, MN 55718

Office Phone: 218-384-4563

Please Print

Full Name \_\_\_\_\_ Title: (Mr./Mrs./Ms./other) \_\_\_\_\_

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

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Cell Phone (if different from Primary Phone) (\_\_\_\_\_) \_\_\_\_\_

May we register your cell phone number and email for parish communications via Flocknote: Yes No

Date of Birth \_\_\_\_\_ Sex: Male Female Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Have you received: Baptism? Yes No ; Confirmation? Yes No ; 1st Communion? Yes No

Spouse Full Name \_\_\_\_\_ Title: (Mr./Mrs./Ms./other) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

May we register this cell phone number and email for parish communications via Flocknote: Yes No

Date of Birth \_\_\_\_\_ Sex: Male Female Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Has he/she received: Baptism? Yes No ; Confirmation? Yes No ; 1st Communion? Yes No

Marital Status:	Married	Widowed	Single	Separated	Divorced
Married by:	Catholic Priest/Deacon	Non-Catholic minister	Justice of the Peace		
Date of Marriage:	_____ Place of Marriage (church, city, state) _____				

**PLEASE LIST CHILDREN ON THE BACK OF THIS FORM**

Parish Donations (choose your preferences):	
I would like to use contribution envelopes for regular contributions:	Yes No
Please forward information to me for signing up for electronic giving:	Yes No

**I/We are interested in the following ministries/opportunities at Sts. Mary and Joseph: (check all that apply):**

- Reader                      Altar Server (youth)                      Altar Server (adult)                      Usher/Greeter                      Sacristan
- Eucharistic Adoration                      Music Ministry                      Church Decorating                      Funeral Lunches
- Sts. Mary and Joseph Ladies' Guild                      Volunteering in Parish Office.                      Church Cleaning Rotation
- Youth Faith Formation Volunteer                      Adult Evangelization                      Parish Council

<b>FOR OFFICE USE ONLY:</b> Date Received _____	Contributions _____	Flocknote _____
CDM _____	Diocese _____	Online Bulletin _____
		New Parishioner _____

**CHILDREN AND OTHER DEPENDENTS**

**CHILDREN AND DEPENDENTS (those living at home)**

Child One: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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Child Two: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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Child Three: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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Child Four: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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Child Five: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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Child Six: Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male      Female      Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Has he/she received: Baptism? Yes    No    ; Confirmation? Yes    No    ; 1st Communion? Yes    No

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*Use additional copies of this page as needed for registration of children*

Please submit this form in any of the following ways:

1. Scanning and emailing to [stfmj catholic@gmail.com](mailto:stfmj catholic@gmail.com)
2. Delivering to the parish office during office hours.
3. Via U.S. Mail to the parish office: 509 Sunrise Dr., Carlton, MN 55718
4. Submitting the completed form through the weekly offertory.