

Office use only: Date _____

Envelope No: _____

ACA No: _____

NOTRE DAME OF EASTON PARISH

Family Name: _____
(Last) (Male Head of Family) (Female Head of Family)

Title: circle one (Mr. & Mrs.) (Dr. & Mrs.) (Dr. & Dr.) (Mr. & Dr.) (Dr.) (Mr.) (Mrs.) (Miss) (Ms.) (Other) _____

Address: _____ **Email Address:** _____

Town: _____ **Zip Code:** _____ **Home Phone:** _____ **Cell Phone:** _____

Date Registered: ____/____/____ **How long have you lived here?** _____ **Number of children at home:** _____

May we use your likeness in photos of events within the parish? (i.e.: web site, photo galleries, etc.): Yes: _____ No: _____

Marital Status: (Single) __ (Married) __ (Divorced) __ (Widow/er) __ (Engaged) __ **If married:** (Catholic Marriage) __ (Civil Marriage) __

MEMBER INFORMATION

	Head	Spouse	Child 1	Child 2	Child 3	Child 4	Other
First Name							
Last name if different							
Maiden name/Spouse							
Religion							
Disability (specify)							
Languages Spoken							
Sex (M/F)							
Occupation							
Birth date							
Baptism (yes/no)							
Penance (yes/no)							
1 st Communion (yes/no)							
Confirmation (yes/no)							

Attends Mass - (W)weekly - (O)occasionally - (S)seldom							
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Enter a letter for each parish service you may be interested in participating.

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- A.. Ladies Council
- B. Parish Nurse Program (Blood Pressure Screening after Masses - once a month)
- C. Men's Association
- D. Ladies Book Club
- E. Visit the sick / shut-ins (Lay Caring Ministry)
- F. Eucharistic Minister
- G. Altar Server
- H. Usher / Collector
- I. Lector
- J. Choir
- K. Religious Education Teacher
- L. Religious Education Aid
- M. Youth Ministry
- N. Social Concerns Committee
- O. Food Pantry
- P. Social Functions
- Q. Office help
- R. Welcome New Parishioners

Remarks: _____