

St. Joseph Catholic Church—Registration Form

Office 254-634-7878 Fax 254-634-1508

www.stjosephkilleen.org

PLEASE PRINT LAST NAME _____

Street Address _____ Apt _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

First Name	Language	Baptized?		1st Communion?		Confirmed?	
		Yes	No	Yes	No	Yes	No
Head of Household							
Spouse							

If Married, please check the appropriate box below:

Catholic Church	Non-Catholic Church	Civil (Court)	Common Law
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ENGLISH

Minor Child's Name	M or F	Language	Baptised?		1st Communion?		Confirmed?	
			Yes	No	Yes	No	Yes	No

Would you like to use Contribution Envelopes? **Yes / No**

Would you like to use Online Giving? **Yes / No**

Are you a Military Family? **Yes / No**

Would you like to volunteer in our Parish? **Yes / No**

Would you like information about St Joseph Catholic School (grades PK3-6th)? **Yes / No**

May we text you with Church announcements? **Yes / No**

For Office Use Only: ID _____ Registration Date _____

To download our Parish App, text APP to 88202 or you may download the app at www.myparishapp.com