

St. Jude's Parish Office, 737 Hackett Street, Beloit 53511.

* For instructions and space for additional children or other dependents at home please see page 2.

Please print this form, complete it, and then you can either drop it in the collection basket at Mass or mail it to the address above.

MAILING INFORMATION

DATE _____

Mr. Mrs. Mr. & Mrs. Miss Ms. No Title (please indicate how you would like your mail addressed)

LAST NAME _____ FIRST NAME _____ SPOUSE _____

STREET ADDRESS _____ APT # _____ CITY _____ ZIP _____

TELEPHONE _____ * unlisted? YES NO E-MAIL _____

ARE YOU NEW TO THE AREA? YES NO

ST. JUDE PARISH REGISTRATION FORM

MEMBER INFORMATION	HEAD OF HOUSE	HEAD OF HOUSE/SPOUSE	CHILD / OTHER* (at home)	CHILD / OTHER* (at home)	CHILD / OTHER* (at home)
FIRST NAME					
LAST NAME					
MAIDEN NAME					
MARITAL STATUS *	Mar Sgl Div Sep Wid	Mar Sgl Div Sep Wid			
RELIGION					
HANDICAP					
LANGUAGES SPOKEN (exclude english)					
OCCUPATION *					
PLACE OF WORK					
SCHOOL					
GRADE					
SEX (male/female)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
BIRTH DATE (month/day/year)					
BAPTIZED?	yes no	yes no	yes no	yes no	yes no
FIRST RECONCILIATION? (Penance / Confession)	yes no	yes no	yes no	yes no	yes no
FIRST EUCHARIST?	yes no	yes no	yes no	yes no	yes no
CONFIRMATION?	yes no	yes no	yes no	yes no	yes no

ST. JUDE PARISH REGISTRATION

ADDITIONAL MEMBER INFORMATION (please fill out page one first)

MEMBER INFORMATION	CHILD / OTHER * (at home)	CHILD / OTHER * (at home)	CHILD / OTHER * (at home)
FIRST NAME			
LAST NAME			
RELIGION			
HANDICAP			
LANGUAGES SPOKEN (exclude english)			
OCCUPATION *			
PLACE OF WORK			
SCHOOL			
GRADE			
SEX (male/female)	(M) (F)	(M) (F)	(M) (F)
BIRTH DATE (month/day/year)			
BAPTIZED?	yes no	yes no	yes no
FIRST RECONCILIATION? (Penance / Confession)	yes no	yes no	yes no
FIRST EUCHARIST?	yes no	yes no	yes no
CONFIRMATION?	yes no	yes no	yes no

When you are finished filling out this form please click the "Submit" button at the bottom of the page.

Instructions for filling out this registration form:

* **Unlisted** after the telephone number means your number is not listed in the phone book.

* **Marital Status** **Mar:** Married **Sgl:** Single **Wid:** Widowed
 Sep: Separated **Div:** Divorced

* **Child / Other** refers to any child or other dependent person living in your home; you may decide whether to include any children attending college away from home. If "other" applies, please circle "other" and put a word above "other" which describes the relationship of that person to the Head or Heads of House.

* **Occupation:** rather than giving a title, please give a general description of your employment duties.