

Registration Form

Saint Maria Goretti

Date registered ____/____/____

ID# _____ [parish use] Family Name[s] _____

P O Box _____

Address _____ City _____ Zip _____

Email _____

Home Phone# _____ Cell Phone# _____

Registration Date _____

Marital Status: Married Single Widowed Separated Divorced Divorced/Remarried Living Together

Number of Children at Home _____

Number of children on Their Own _____

ADULT / PARENT

First Name _____ Middle Name _____ Maiden Name _____

Religion _____

Occupation _____ Employer _____

Cell Phone ____/____/____ Business Phone ____/____/____

Birth Date ____/____/____

Sacramental information:

Have you been baptized? Yes No Where _____

Have you celebrated First Reconciliation? Yes No Where _____

Have you received your First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Date Married ____/____/____ Where _____

ADULT / SPOUSE / PARENT

First Name _____ Middle Name _____ Maiden Name _____

Religion _____

Occupation _____ Employer _____

Employer _____

Cell Phone ____/____/____ Business Phone ____/____/____

Birth Date ____/____/____

Sacramental information:

Have you been baptized? Yes No Where _____

Have you celebrated First Reconciliation? Yes No Where _____

Have you received your First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Date Married ____/____/____ Where _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female circle response

Birth Date ____/____/____

Sacramental information: circle response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church city state

Ministries of the church

Are you a trained Liturgical Minister? Yes No circle response

Which ministries would you like to serve in?

	circle response	list names
Communion Minister	Yes No	_____
Lector/Reader	Yes No	_____
Usher/Greeter	Yes No	_____
Cross Bearer	Yes No	_____
Altar Server	Yes No	_____
Musician	Yes No	_____
List instrument(s)		_____
Choir / singing	Yes No	_____
Homebound Visitations	Yes No	_____

Which ministries of the church might you wish to serve in?

	circle response	list names
Art & Environment	Yes No	_____
Bereavement	Yes No	_____
Funeral Luncheon	Yes No	_____
Food Pantry	Yes No	_____
Social Concerns	Yes No	_____
Adult Ed / Formation	Yes No	_____
[Bible study, RCIA, RCIC, Inactive Catholics, MOPS, Prayer Groups; Cursillo, TEC. Dinner Bells]		
Marriage Preparation	Yes No	_____
Children's Religious Ed	Yes No	_____
Children's Church	Yes No	_____
Parish Council	Yes No	_____
Finance Council	Yes No	_____
Welcoming Group	Yes No	_____
Dinner Ministry	Yes No	_____
[provided for special circumstances]		

In the space below we invite your comments about your skills, talents, hobbies

Professional / technical skills & interests

circle response	list names
Computer	_____
Finance / accounting	_____
Plumbing	_____
Electrical	_____
Gardening (yard...)	_____

Any other Interests, Hobbies please list

list names

Please list anything from your past parish / church that you liked and would like to see here?

Any suggestions that you would like us to review in regards to our celebration of Mass?

Any special needs you and your family might have?

Catholic Education at our Catholic Schools

Our parish is affiliated with Seton Catholic Elementary [Pre-5th] and Middle School [6th-8th], Moline and Alleman Catholic High School [9th-12th], Rock Island. And we also have affiliation with Our Lady of Grace Catholic Academy [Pre-8th], East Moline and Jordan Catholic [Pre-8th], Rock Island.

For more information about our Catholic Schools, please call the parish offices.. You may also visit our website and click on the link on the Home Page for Area Catholic Churches & Schools.

Family information that is of importance to you for us to know—please list
