

# PARISH INFORMATION UPDATE FORM

Please clearly print all information requested. Submit completed form to Parish Office.

Rcv:	<input type="checkbox"/> Giving Unit	Office Use / Jan 2024
<input type="checkbox"/> Opt-in Par Comm/Flocknote	<input type="checkbox"/> CDM & Mail Code	<input type="checkbox"/> Welcome Com.
	<input type="checkbox"/> Welcome Packet	<input type="checkbox"/> Northern Cross

Please check as many boxes as may apply:

UPDATE to an existing parish registration

I believe I may be registered in a different household. (For example, in the past I may have been associated with a different family.)

NEW parishioner registration

I believe I am registered with my parent's household. (For example, you are an adult child establishing your own household.)

My household is (or would like to be) registered at the following parish:

ST. JOSEPH CATHOLIC CHURCH

ST. AUGUSTINE CATHOLIC CHURCH

## HOUSEHOLD and CONTRIBUTION INFORMATION

Address: _____ Mailing Address (Street or PO Box) City, State, Zip	
Please select your preference for giving:	<input type="checkbox"/> Online – Sign up for online giving at: <a href="https://www.itascacatholic.org/giving">https://www.itascacatholic.org/giving</a> <input type="checkbox"/> Envelopes – Will be mailed to you. <input type="checkbox"/> Other – Cash or Check in collection basket
I would like to opt into having the end of the year giving statements email to our household.	
<input type="checkbox"/> No, please mail my giving statement	<input type="checkbox"/> Yes, email provided: _____

## MEMBER DETAIL

<b>Adult #1:</b> Head of Household	First Name MI Last Name		Date of Birth (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F
	Preferred Phone: is this a cell phone?	Email address	Add me to parish communications Including Flocknote: <input type="checkbox"/> Yes	
	Marriage Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
	Please check all that apply: <input type="checkbox"/> Not Baptized <input type="checkbox"/> Baptized <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmed Catholic <input type="checkbox"/> Open to Becoming Catholic			
<b>Adult #2:</b> Spouse	First Name MI Last Name		Date of Birth (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F
	Preferred Phone: is this a cell phone?	Email address	Add me to parish communications Including Flocknote: <input type="checkbox"/> Yes	
	Marriage Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
	Please check all that apply: <input type="checkbox"/> Not Baptized <input type="checkbox"/> Baptized <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmed Catholic <input type="checkbox"/> Open to Becoming Catholic			
Marriage	Are you married in the Catholic Church?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where (parish, city, state)? _____
	If you were not married in the Catholic Church, are you open to consider having your marriage blessed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were either of you previously married?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## CHILDREN / ADULT DEPENDANTS / RELATIVES LIVING IN HOUSEHOLD

	First Name	MI	Last Name	Birth Date M/D/Y	Gender	Catholic Sacraments (check all that apply)
1.	_____		_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Comm. <input type="checkbox"/> Confirmed
2.	_____		_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Comm. <input type="checkbox"/> Confirmed
3.	_____		_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Comm. <input type="checkbox"/> Confirmed
4.	_____		_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Comm. <input type="checkbox"/> Confirmed

Please use the back of this page to list additional household members.