St. Joseph of Onekama Catholic Church

PO Box 150, Onekama, MI 49675 231.889.4254 ParishOffice@StJosephOnekama.org

Email address:

Marital Status:

Single

Religion:

Please print clearly and fill out this form completely. ALL INFORMATION IS CONFIDENTIAL

Date: _____ Family Last Name(s): Mailing Address: City: Zip: Physical Address (if different): Winter Address (if different): Main Phone: Adult #1 (Head of Household) Adult #2 (Spouse) First Name: First Name: Last (if different): Last (if different): Nickname: Nickname: Occupation: Occupation: Work Phone: Work Phone: Cell Phone: Cell Phone:

Email address:

Widowed

Separated

Religion:

Divorced

List all family members below that are living with you. Please check sacraments received and date if known. *Family members 21 and over should be on their own registration.

Married

(Please indicate if last name is different from Head of Household) Name	Birth Date	Gender	Baptized Catholic	First Communion	Confirmation	Marriage Date	Grade

tewardship of Time and Talent	Date:						
	Name:						
very member of the Church has received gifts	for the benefit of the whole commu	nity. What are yours?					
lease indicate whether you would be interestopropriate boxes. *(For liturgical ministries, p		•					
Liturgical Ministries	Interested Name(s)	Mass Day/Time					
Altar Server							
Extraordinary Minister of Holy Communion							
Lector							
Music Ministries:							
Mass Choir Cantor							
Musician – Instrument:							
Greeter Usher							
Sacristan							

Cursillo

Finance Council

Pastoral Council

Ladies Altar Guild

Bible Study

Faith Formation

Other Ministry

RCIA

Knights of Columbus

Catholic Services Appeal Campaign

Mission Statement

"We are a welcoming spiritual home that provides community and personal growth through liturgy, evangelization, the Word of God and a call to His service.

Office use only: Env #	Acctg:	Parish List:	Calendar:	_ DoG:	_ LG:
Welcome: Ministry:	_ Email:				