

# Church of St. Joachim – St. John the Evangelist

Parish Office – 2 Oak St.

Beacon, NY 12508 – 1805

(845) 838-0915

## Parishioner Registration Form

Office Use Only

Received by:

Date Entered:

Envelope #:

Would you like to receive contribution envelopes?: Yes or No (please circle)

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*, City*

*Zip Code*

Telephone #: \_\_\_\_\_ Listed or Unlisted (please circle)

E-mail address: \_\_\_\_\_

Religion: \_\_\_\_\_ Spouse's Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Name of Church Where You Were Married: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Children at Home:

First Name	Sex M/F	Date of Birth MM-DD-YY	Sacraments Received (Date)		
			Baptism	Communion	Confirmation

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SPECIAL SKILLS AVAILABLE TO THE PARISH: e.g. Lectoring, Communion to the homebound, Catechist, computer entry, music, carpentry, electric, plumbing, painting, decorating, gardening, etc.

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