

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

Parish Office -2 Oak Street

Beacon, NY 12508

845-838-0915

## Parishioner Registration Form

Office Use Only
Received by: _____
Date Entered: _____
Envelope #: _____

Yellow Fields are required.

Would you like to receive envelopes? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

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

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

**Address:** \_\_\_\_\_  
Street City Zip

**Telephone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

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

**Children at home:**

First Name	Sex M/F	Date of Birth MM-DD-YYYY	Baptism Date Rec'd	Communion Date Rec'd	Confirmation Date Rec'd

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Special Skills available to the Parish: eg. Lectoring, Communion to the homebound, Catechist, computer entry, music, carpentry, electric, plumbing, painting, decorating, gardening, etc.

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