

Saint Joseph-on-Carrollton Manor Catholic Church

Mailing Address: PO Box 33, Buckeystown, MD 21717
 Location: 5843 Manor Woods Road, Frederick, MD 21703
 Telephone: (301) 663-0907 Fax: (301) 874-0247
 Website: www.stjoesbuckeystown.org

PARISH REGISTRATION FORM

(Please type or print clearly)

Family Name	
First Name(s) Head(s) of Household	
Mailing Name Circle: Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Other	

HOME ADDRESS

Street & Apartment			
City	State	Zip Code	

MAILING ADDRESS (if different from above)

Street & Apartment			
City	State	Zip Code	

PHONE & EMAIL CONTACT INFORMATION

Primary Phone Number			
Emergency or Alternate Phone Number		Description:	
Family Email Address			

Do you wish to receive THE CATHOLIC REVIEW? YES NO

Please be sure to fill out an **Individual Member Information Form** for each family member.
 (Extra Individual Member Information Forms are available in the Parish Office and our website.)

For office use only: Added to database: ___/___/___ By: _____
ENV #: _____ Added: ___/___/___ By: _____
Added to Catholic Review _____ By: _____
Capital Campaign _____ STAND _____

Saint Joseph-on-Carrollton Manor Catholic Church

INDIVIDUAL MEMBER INFORMATION FORM

Please complete a separate form for each household member.

Date of Birth	____/____/____	Gender M F
Title	CIRCLE ONE: Mr. Mrs. Ms. Miss Dr. Other	
Name	First Name Middle name Maiden Name (where applicable) Last Name	
Nickname/goes by		Suffix (CIRCLE ONE) esq. II III IV Jr. Sr. Ph.D.
Family Role	CIRCLE ONE: Adult Daughter Father Grandchild Grandfather Grandmother Head Husband Mother Other Son Stepchild Wife	
Religion:	Primary Language: Second Language:	
Special Needs?		
Areas you wish to volunteer in:	CIRCLE ALL AREAS OF INTEREST: Altar Server Eucharistic Minister Finance Lector Maintenance Music Religious Ed Usher Youth Ministry	
	Have you previously completed an application for Volunteer Services? _____ If yes, at what church?	
Special Talent		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Employer/School		
Profession/Job title		
Highest Grade		

SACRAMENT INFORMATION

Sacrament	Date (as accurate as possible)	Place (Church/City/State)
Baptism	____/____/____	
Communion	____/____/____	
Confirmation	____/____/____	
RCIA Process	____/____/____	
Matrimony CIRCLE ONE: Single Married Separated Annulled Divorced Widowed	____/____/____	Place of Marriage
	Married in the Catholic Church? YES NO	

Saint Joseph-on-Carrollton Manor Catholic Church

INDIVIDUAL MEMBER INFORMATION FORM

Please complete a separate form for each household member.

Date of Birth	____/____/____	Gender M F
Title	CIRCLE ONE: Mr. Mrs. Ms. Miss Dr. Other	
Name	First Name Middle name Maiden Name (where applicable) Last Name	
Nickname/goes by		Suffix (CIRCLE ONE) esq. II III IV Jr. Sr. Ph.D.
Family Role	CIRCLE ONE: Adult Daughter Father Grandchild Grandfather Grandmother Head Husband Mother Other Son Stepchild Wife	
Religion:	Primary Language: Second Language:	
Special Needs?		
Areas you wish to volunteer in:	CIRCLE ALL AREAS OF INTEREST: Altar Server Eucharistic Minister Finance Lector Maintenance Music Religious Ed Usher Youth Ministry	
	Have you previously completed an application for Volunteer Services? _____ If yes, at what church?	
Special Talent		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Employer/School		
Profession/Job title		
Highest Grade		

SACRAMENT INFORMATION

Sacrament	Date (as accurate as possible)	Place (Church/City/State)
Baptism	____/____/____	
Communion	____/____/____	
Confirmation	____/____/____	
RCIA Process	____/____/____	
Matrimony CIRCLE ONE: Single Married Separated Annulled Divorced Widowed	____/____/____	Place of Marriage
	Married in the Catholic Church? YES NO	

Saint Joseph-on-Carrollton Manor Catholic Church

INDIVIDUAL MEMBER INFORMATION FORM

Please complete a separate form for each household member.

Date of Birth	____/____/____	Gender M F
Title	CIRCLE ONE: Mr. Mrs. Ms. Miss Dr. Other	
Name	First Name Middle name Maiden Name (where applicable) Last Name	
Nickname/goes by		Suffix (CIRCLE ONE) esq. II III IV Jr. Sr. Ph.D.
Family Role	CIRCLE ONE: Adult Daughter Father Grandchild Grandfather Grandmother Head Husband Mother Other Son Stepchild Wife	
Religion:	Primary Language: Second Language:	
Special Needs?		
Areas you wish to volunteer in:	CIRCLE ALL AREAS OF INTEREST: Altar Server Eucharistic Minister Finance Lector Maintenance Music Religious Ed Usher Youth Ministry	
	Have you previously completed an application for Volunteer Services? _____ If yes, at what church?	
Special Talent		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Employer/School		
Profession/Job title		
Highest Grade		

SACRAMENT INFORMATION

Sacrament	Date (as accurate as possible)	Place (Church/City/State)
Baptism	____/____/____	
Communion	____/____/____	
Confirmation	____/____/____	
RCIA Process	____/____/____	
Matrimony CIRCLE ONE: Single Married Separated Annulled Divorced Widowed	____/____/____	Place of Marriage
	Married in the Catholic Church? YES NO	

Saint Joseph-on-Carrollton Manor Catholic Church

INDIVIDUAL MEMBER INFORMATION FORM

Please complete a separate form for each household member.

Date of Birth	____/____/____	Gender M F
Title	CIRCLE ONE: Mr. Mrs. Ms. Miss Dr. Other	
Name	First Name Middle name Maiden Name (where applicable) Last Name	
Nickname/goes by		Suffix (CIRCLE ONE) esq. II III IV Jr. Sr. Ph.D.
Family Role	CIRCLE ONE: Adult Daughter Father Grandchild Grandfather Grandmother Head Husband Mother Other Son Stepchild Wife	
Religion:	Primary Language: Second Language:	
Special Needs?		
Areas you wish to volunteer in:	CIRCLE ALL AREAS OF INTEREST: Altar Server Eucharistic Minister Finance Lector Maintenance Music Religious Ed Usher Youth Ministry	
	Have you previously completed an application for Volunteer Services? _____ If yes, at what church?	
Special Talent		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Employer/School		
Profession/Job title		
Highest Grade		

SACRAMENT INFORMATION

Sacrament	Date (as accurate as possible)	Place (Church/City/State)
Baptism	____/____/____	
Communion	____/____/____	
Confirmation	____/____/____	
RCIA Process	____/____/____	
Matrimony CIRCLE ONE: Single Married Separated Annulled Divorced Widowed	____/____/____	Place of Marriage
	Married in the Catholic Church? YES NO	