** Sign Up to**

**St. Patrick’s Parish Stay Connected!**

**Page 1 of 2**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Last First*

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

*Street Address Apt #*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*City State Zip*

**Would you like to be included in our parish directory? Yes No**

**How long have you attended St. Patrick’s? less than 3 months 3 months – 1 year**

**1 – 5 years 5 + years**

**Would you like to be considered a registered member of the parish? Yes No**

**Being a registered member means that you are counted in our parish and diocesan census. If you are a member of another parish, please resign your membership there if you want to be registered at St. Patrick**

**Would you like a set of offertory envelopes? Yes No**

**Which Sunday Mass do you normally attend? 8:30 11:00 5:15**

**What gifts, talents and interests would you or family members like to share with the parish?**

**Carpentry Children’s Faith Formation EMHC**

**Interior Painting Youth Ministry Sacristan**

**Handy Man/Woman Young Adults Altar Server**

**Gardening Adult Faith Formation Mass Greeter**

**Child Care Hospitality Library**

**Music Liturgy Committee Archives**

**Cooking/Baking Ministry to Sick Family Ministry**

**Yard Work Lector Provide Sunday Flowers**

**Sewing Social Outreach Web/Facebook Admin**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On the other side of this form, please tell us more about yourself and your household members.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please Tell Us About Household Members | | | | | | |
| Name(Include last name if it is different than yours) | Nickname | Gender | Relationship | Birth Date | Sacraments Received | OccupationOr Grade if Student |
| YOU |  |  | Self | \_\_\_\_/\_\_\_\_/\_\_\_\_ | 🞏 Baptism🞏 1st Eucharist🞏 Reconciliation 🞏 Confirmation |  |
| Email Address: | | Cell Phone:  ( ) - | | Interests: | | |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ | 🞏 Baptism🞏 1st Eucharist🞏 Reconciliation🞏 Confirmation |  |
| Email Address: | | Cell Phone:  ( ) - | | Interests: | | |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ | 🞏 Baptism🞏 1st Eucharist🞏 Reconciliation🞏 Confirmation |  |
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|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ | 🞏 Baptism🞏 1st Eucharist🞏 Reconciliation🞏 Confirmation |  |

Do you or anyone in your household have any special needs?  🞏 Yes  🞏 No

(For example: hearing impaired; vision impaired; developmental disability; physical disability; homebound)

If “Yes,” is there any way our parish can help you?  🞏 Yes (we will contact you to discuss) 🞏 No