

PLEASE PRINT

# St. Lawrence Catholic Church

## Registration Card

No. \_\_\_\_\_ (Office Use Only)

Date \_\_\_\_\_

Family  
Last Name \_\_\_\_\_Wife's  
Maiden Name \_\_\_\_\_Would you like to receive  
Envelopes? Yes \_\_\_\_\_ or No \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Year Round Resident ☐ or Winter Resident ☐ Alternate Address \_\_\_\_\_

Date Range when planning to be at this address: From \_\_\_\_\_ to \_\_\_\_\_

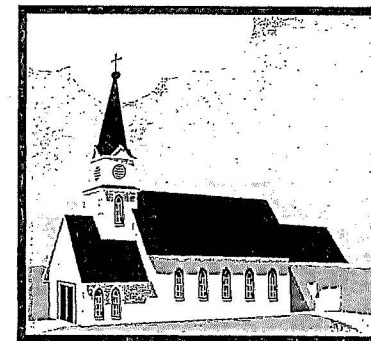
**Please provide the following information: (Adults)**

| Name | Middle Initial | Last Name<br>(if diff.) | Sex<br>(M/F) | Date of Birth | Single, Married,<br>Sep / Div,<br>Widowed | Married by<br>Priest (Y<br>/N) | Religion | Baptized<br>(Y / N) | 1st Comm<br>(Y / N) | Confirm<br>(Y / N) | Occupation |
|------|----------------|-------------------------|--------------|---------------|-------------------------------------------|--------------------------------|----------|---------------------|---------------------|--------------------|------------|
|      |                |                         |              |               |                                           |                                |          |                     |                     |                    |            |
|      |                |                         |              |               |                                           |                                |          |                     |                     |                    |            |

Marriage: Date \_\_\_\_\_ Church \_\_\_\_\_

**Children Living at Home:**

| Name | Middle Initial | Last Name<br>(if diff.) | Sex<br>(M/F) | Date of Birth<br>and <b>School<br/>grade</b> | Attend Rel.<br>Education<br>(Y / N) | Baptized<br>(Y / N) | 1st Comm<br>(Y / N) | Confirm<br>(Y / N) |
|------|----------------|-------------------------|--------------|----------------------------------------------|-------------------------------------|---------------------|---------------------|--------------------|
|      |                |                         |              |                                              |                                     |                     |                     |                    |
|      |                |                         |              |                                              |                                     |                     |                     |                    |
|      |                |                         |              |                                              |                                     |                     |                     |                    |



Please Note special situations (Shut - in, handicapped, disabled, etc.) \_\_\_\_\_

Emergency Contact Name, Address, &amp; Phone Number: \_\_\_\_\_

Please check areas of Parish life in which you are interested or skilled: **IF CURRENTLY ACTIVE PLEASE INDICATE**

- ☐ Altar Servers
- ☐ Lectors
- ☐ Ushers
- ☐ Hispanic Ministry
- ☐ Food Pantry / Outreach

- ☐ Minister of Holy Communion
- ☐ Music Ministry
- ☐ Choir / Instrument
- ☐ Pro Life
- ☐ Ministers to the Sick

- Maintenance:** ☐ Building ☐ Yard ☐ Cleaning
- Religious Ed:** ☐ Teacher ☐ Substitute ☐ Volunteer ☐ High School Youth

**Organizations:**

- ☐ Divine Mercy
- ☐ Knights of Columbus
- ☐ K of C Ladies Aux.
- ☐ Women's Guild

*Altar Society*

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# St. Lawrence Parish

## Formulario de Registracion

No. \_\_\_\_\_(Oficina Solamente)

Fecha \_\_\_\_\_

Apellido de  
Familia \_\_\_\_\_Esposa  
Apellido de Soltera \_\_\_\_\_Le Gustaria recibir sobres  
para la colecta? SI \_\_\_\_\_ o' No \_\_\_\_\_

Direccion Postal \_\_\_\_\_ Ciudad \_\_\_\_\_ Zip \_\_\_\_\_

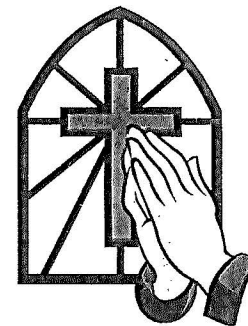
Direccion del Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Residente Anual ☐ o' Temporal ☐ (Otra Direccion) \_\_\_\_\_**Favor suministrar la siguiente informacion**

| Nombre | Apellido (si diferente) | Sexo (M/F) | Fecha de Nacimiento | Soltero, Casado, Sep/Div, Viudo | Casado por la iglesia (si o no) | Religion | Bautizado (Si / No) | Primera Comm (Si / No) | Confirmad o (Si / No) | Ocupacion |
|--------|-------------------------|------------|---------------------|---------------------------------|---------------------------------|----------|---------------------|------------------------|-----------------------|-----------|
|        |                         |            |                     |                                 |                                 |          |                     |                        |                       |           |
|        |                         |            |                     |                                 |                                 |          |                     |                        |                       |           |

**Matrimonio** Fecha \_\_\_\_\_ Iglesia \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Pais \_\_\_\_\_**Niños que viven en el hogar:**

| Nombre | Apellido (si diferente) | Sexo (M/F) | Fecha de Nacimiento y Grado de Escuela | Clase de Catecismo (Si / NO) | Bautizado (Si / No) | Primera Comm (Si / No) | Confirmad o (Si / No) |
|--------|-------------------------|------------|----------------------------------------|------------------------------|---------------------|------------------------|-----------------------|
|        |                         |            |                                        |                              |                     |                        |                       |
|        |                         |            |                                        |                              |                     |                        |                       |
|        |                         |            |                                        |                              |                     |                        |                       |



Favor indicar situaciones especiales... por ejemplo (si tienen personas desabilitados en su hogar cuales necesitan recibir comm etc \_\_\_\_\_)

Contacto para emergencias: Nombre, numero telefonico \_\_\_\_\_

Favor indicar que actividades de la parroquia usted esta interesado: **POR FAVOR DE INDICAR SI ESTA ACTIVO EN ALGUNO DE ESTOS MINISTERIOS**

- ☐ Acolitos/servidores del altar
- ☐ Lectores
- ☐ Voluntario (Misas)
- ☐ Ministerio Hispano
- ☐ Food Pantry / Outreach
- ☐ Ministros de la Communion
- ☐ Ministerio de la musica
- ☐ Coro
- ☐ Estudios Biblicos
- ☐ Ministro para los enfermos

**Mantenimiento:**

- ☐ Edificio
- ☐ Limpieza
- ☐ Asistente
- ☐ Grupo de Jovenes

**Programa de Educacion Religiosa:****Organizaciones:**

- ☐ Grupo de oracion de la Divina Misericordia
- ☐ Caballeros de Colon
- ☐ K of C Ladies Aux.
- ☐ Grupo de Mujeres