

Saint Joseph Cathedral
Family Registration
212 East Broad Street, Columbus, Ohio 43215 (614) 224-1295

Date: ___/___/___

Updated Registration: ___ New Registration: ___

Last Name(s): _____ First Name(s): _____

Mailing Name (ie: Mr. and Mrs. John Doe, Dr. Jane Smith, etc) _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (_____) _____ - _____ Emergency Phone: (_____) _____ - _____

Family Email: _____ Env # (Office Use): _____

Individual Member Information

First Name/Nickname: _____ / _____ / _____

Last Name: _____ / _____ / _____

Role (Head of Household, Husband, Wife, etc.): _____ / _____

Gender: M ___ F ___ Maiden: _____ M ___ F ___ Maiden: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Email: _____ / _____

Work Phone/Cell Phone: _____ / _____

First Language / Additional Languages: _____ / _____

Occupation: _____ / _____

Sacramental Information

Date(s) / Parish(s): Baptized: Y / N Catholic: Y / N Baptized: Y / N Catholic: Y / N

1st Eucharist: Y / N Confirmed: Y / N 1st Eucharist: Y / N Confirmed: Y / N

Date(s) / Parish(s): _____ / _____

Marital Status (Single, Married, Divorced Annulled): _____ / _____

Dependent Household Member Information

Relationship to Head of Household (Son, Daughter, Mother, Father, etc.) _____ / _____

Name: _____ / _____

M ___ / F ___ Birthdate: _____ / _____ / _____ M ___ / F ___ Birthdate: _____ / _____ / _____

School (Graduate?): _____ / _____

Language(s) Spoken: _____ / _____

Sacraments: Baptized: Y / N Catholic: Y / N Baptized: Y / N Catholic: Y / N

Date(s) / Parish(s): _____ / _____

1st Eucharist: Y / N Confirmed: Y / N 1st Eucharist: Y / N Confirmed: Y / N

Relationship to Head of Household
(Son, Daughter, Mother, Father, etc.)

Name:	_____	_____
	M / F Birthdate: ___/___/_____	M / F Birthdate: ___/___/_____
School (Graduate?):	_____	_____
Language(s) Spoken:	_____	_____
Sacraments:	Baptized: Y / N Catholic: Y / N	Baptized: Y / N Catholic: Y / N
Date(s) / Parish(s):	_____/_____	_____/_____
	1 st Eucharist: Y / N Confirmed: Y / N	1 st Eucharist: Y / N Confirmed: Y / N
Date(s) / Parish(s):	_____	

Please use additional form(s) if needed for more family members.

I would like more information on the following:

- Liturgical Ministry** - (Check: Altar Server, Eucharistic Minister, Lector, Hospitality, Ministry to the Homebound)
- Parish Committees/Groups** – (Check: Knights of Columbus, Parish IT Society of St. Vincent de Paul, Spiritual Life Committee, Young Adults Group, Social Justice Committee, Catechism Classes for children, for adults.
- Garden Club**
- Cleaning the Cathedral**
- Bereavement Committee**
- New Member Welcoming Committee**
- Office Volunteers**
- Nursery**

Please return completed form by mail or placing it in the collection basket.