

PARISH MEMBERSHIP FORM

SAINT SEBASTIAN CHURCH + BELLE VERNON, PA 15012

PLEASE FILL OUT THE INFORMATION BELOW AS COMPLETELY AS POSSIBLE. If you have children who are away at school/college but their main residence is your home, list them as members of your household. If a family member is in a nursing/personal care home, confined to your home or has any special needs, please note that by their name. When filling out the names of the members of your household, please use **proper names** and put **nicknames** in parentheses, i.e., Lawrence (Larry); Margaret (Peggy); etc.

Do you give permission for Parish Staff to officially welcome you into our Parish in the Sunday Bulletin? _____ **YES** _____ **NO**

FAMILY NAME _____ **PHONE** Home: _____ Cell: _____

ADDRESS _____

EMAIL ADDRESS _____ **FAX NUMBER** _____

STATUS: Church Marriage, Civil Marriage, Single, Widowed, Separated, Divorced, Other (please explain) _____

If married or if woman is using married name, please give woman's maiden name _____

DATE & CHURCH or PLACE OF MARRIAGE _____

HEAD OF HOUSEHOLD: NAME _____ **Date of Birth** _____

Are you Baptized? **YES** **NO** If yes, the Religion/Denomination in which you were baptized: _____

If you were baptized in a Religion/Denomination other than Catholic and then later became a Catholic, give the name of the Church and town and the date that this occurred _____

Did you receive First Communion? **YES** **NO** Did you receive the Sacrament of Confirmation? **YES** **NO**

Occupation _____

Place of employment _____ **Phone:** _____

Parish organizations or other Catholic organizations you belong to _____ **SPOUSE: NAME** _____

Date of Birth _____

Are you Baptized? **YES** **NO** If yes, the Religion/Denomination in which you were baptized: _____

If you were baptized in a Religion/Denomination other than Catholic and then later became a Catholic, give the name of the Church and town and the date that this occurred _____

Did you receive First Communion? **YES** **NO** Did you receive the Sacrament of Confirmation? **YES** **NO**

Occupation _____

Place of employment _____ **Phone:** _____

Parish organizations or other Catholic organizations you belong to _____

(TURN PAGE OVER)

CHILDREN living with you or whose main residence is with you:

NAME _____ Date of Birth _____ Male or Female _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

NAME _____ Date of Birth _____ Male or Female _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO
Grade _____ Name of School _____
College or place of employment _____

OTHERS LIVING IN YOUR HOUSEHOLD:

Name _____ Relationship _____ Date of Birth _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO

Name _____ Relationship _____ Date of Birth _____
Are they Baptized? YES NO If yes, the Religion/Denomination in which they were baptized: _____
Did they receive First Communion? YES NO Did they receive the Sacrament of Confirmation? YES NO

OTHER INFORMATION, SPECIAL NEEDS OR REQUESTS:

