

For Office Use: Env. # _____

Registration Date: _____

Parish Registration Form

St. Joseph Parish

Location: 628 Locust Street, Toledo, OH 43604

Mailing Address: 3233 Lagrange Street, Toledo, OH 43608

Phone # 419-261-3928

Please return this form to the above Mailing Address

Please Print Clearly

(Circle One) Mr. & Mrs., Mr., Mrs., Miss, Ms., Dr.

Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Marital Status: [] Single [] Married-When? _____ Church _____

[] Widow(er) [] Separated [] Divorced- _____ City/State _____

If marriage was not in the Catholic Church, was it with the permission of the Catholic Church? [] Yes [] No

Please Complete:

First Name _____ Middle Initial _____ DOB ____/____/____ Catholic [] Yes [] No

R.C.I.A. _____? If not Catholic, Baptized _____? Religion _____

Occupation _____ Employer _____ Work Phone _____

Spouse: (if applicable)

First Name _____ Middle Initial _____ Maiden Name _____ DOB ____/____/____

Catholic [] Yes [] No R.C.I.A. _____? If not Catholic, Baptized _____? Religion _____

Occupation _____ Employer _____ Work Phone _____

Sacramental Information:

Baptism
Year- Church

First Communion
Year-Church

Confirmation
Year-Church

Spouse: (if applicable)
