SAINT TIMOTHY
CATHOLIC CHURCH
LIVING THE MISSION

Office Use only: Date Received in Office _____ Entered in OSV _____
Entered in MinistryPlatform _____ MP ID Number _____ Env. Number _____

Saint Timothy Catholic Church Registration

Relationship **choose one**	☐ **Husband** ☐ **Wife** ☐ **Head** ☐ **Adult**	☐ **Husband** ☐ **Wife** ☐ **Head** ☐ **Adult**
Title	☐Mr.☐Mrs.☐Miss ☐ Ms.☐Dr.☐ Rev.	☐Mr.☐ Mrs.☐Miss☐ Ms.☐Dr.☐ Rev.
Name: **First** **Middle** **Maiden** **Last**	First Middle Maiden Last	First Middle Maiden Last
Preferred or Nickname		
Gender **check one**	Male ☐ Female ☐	Male ☐ Female ☐
Birth Date & Place	DOB: _____/_____/_____ Place_____	DOB: _____/_____/_____ Place_____
Email Address		
Address City, State Zip Only one address per form	_____ _____	**Primary Family Phone Number** _____
Marital Status	Single ☐ Married ☐ Wedding Date ____/____/_____ Married in a Catholic Church? Yes☐ No☐ If Yes, Church of Marriage: _____ Location : _____ Separated ☐ Divorced ☐ Widowed ☐	
Home Phone	check if unlisted ☐	
Cell Phone		
Work Phone		
Emergency Phone		
Emergency Contact Name		
Language		
Ethnicity **(Optional)**		
Occupation		
Employer		
Religion	Catholic ☐ Other- **Specify**_____	Catholic ☐ Other- **Specify** _____
Sacraments **Check box if Sacrament was in the Catholic Church**	Baptized ☐ First Communion ☐ Confirmation ☐	Baptized ☐ First Communion ☐ Confirmation ☐

I would like to speak to someone regarding additional information for the following: (place check mark)

Baptism ☐	Communion for Sick/Homebound ☐	Annulment ☐	Ministries (specify)
Children -Religious Education ☐	Adult- Becoming Catholic ☐	Wedding ☐	Other (specify)

Children, Parents or Others currently in the household

Name **First Middle Last**	First Middle Last	First Middle Last
Birth Date & Place	DOB: _____/_____/_____ Place_____	DOB: _____/_____/_____ Place_____
Relationship/Role	Son ☐ Daughter ☐ Other- **Specify** _____	Son ☐ Daughter ☐ Other- **Specify** _____
Grade		
Church Background	Catholic ☐ Other- **Specify** _____	Catholic ☐ Other- **Specify** _____
Language & Ethnicity (Opt)		
Sacraments **Check box if Sacrament was in the Catholic Church**	Baptized ☐ First Communion ☐ Confirmation ☐	Baptized ☐ First Communion ☐ Confirmation ☐

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Birth Date & Place	DOB: _____/_____/_____ Place_____	DOB: _____/_____/_____ Place_____
Relationship/Role	Son ☐ Daughter ☐ Other- **Specify** _____	Son ☐ Daughter ☐ Other- **Specify** _____
Grade		
Church Background	Catholic ☐ Other- **Specify**_____	Catholic ☐ Other- **Specify** _____
Language & Ethnicity(Opt)		
Sacraments **Check box if Sacrament was in the Catholic Church**	Baptized ☐ First Communion ☐ Confirmation ☐	Baptized ☐ First Communion ☐ Confirmation ☐

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Birth Date & Place	DOB: _____/_____/_____ Place_____	DOB: _____/_____/_____ Place_____
Relationship/Role	Son ☐ Daughter ☐ Other- **Specify** _____	Son ☐ Daughter ☐ Other- **Specify** _____
Grade		
Church Background	Catholic ☐ Other- **Specify** _____	Catholic ☐ Other- **Specify** _____
Language & Ethnicity(Opt)		
Sacraments **Check box if Sacrament was in the Catholic Church**	Baptized ☐ First Communion ☐ Confirmation ☐	Baptized ☐ First Communion ☐ Confirmation ☐

Is there anyone in your home who is experiencing some disability and to whom our community may be able to minister? If so, please give their name and their particular need:

_____