

New Parishioner Registration

St. Joseph Parish - 79 Case Ave., Sharon, PA 16146

Phone: 724-981-3232 | www.SharonCatholic.org | E-mail: StJosephChurchOffice@gmail.com

Family Last Name:	Congregation:	Main Phone Number:	Envelope# <small>(Office Issued)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address:

Country:	Address Line 1:	Address Line 2 <small>(if applicable):</small>
<input type="text" value="United States"/>	<input type="text"/> <small>(House Number / Street)</small>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Head of House 1

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	<input type="text" value="Head of Household"/>	<input type="text" value="New Member"/>		
Email Address	Cell Number				
<input type="text"/>	<input type="text"/>				
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Head of House 2

< Check if Heads are Married

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="New Member"/>		
Email Address	Cell Number				
<input type="text"/>	<input type="text"/>				
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Family Member 3

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="New Member"/>		
Email Address	Cell Number				
<input type="text"/>	<input type="text"/>				
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Family Member 4

Gender	First Name	Household Position	Participant Type: New Member		
Email Address		Cell Number			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
Date of Birth	Marital Status				

Family Member 5

Gender	First Name	Household Position	Participant Type: New Member		
Email Address		Cell Number			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
Date of Birth	Marital Status				

Family Member 6

Gender	First Name	Household Position	Participant Type: New Member		
Email Address		Cell Number			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
Date of Birth	Marital Status				

Family Member 7

Gender	First Name	Household Position	Participant Type: New Member		
Email Address		Cell Number			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
Date of Birth	Marital Status				