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# (Office Issued
Mailing Address:			
Country: Address Line 1: United States		Address Line 2 (if applicable):	
City	ouse Number / Street) State	Zip Code	
— Head of House 1			_
Gender <u>First Name</u>	Household		Participant Type:
	Head of H	lousehold	New Member
Email Address		Cell Number	
Prefix Nickname	Middle Name Maide	en Name Last Name	Suffix
Date of Birth Marital Sta	itus		
— Head of House 2		< Check if Heads are Married	
Gender First Name	Household	l Position	Participant Type:
			New Member
Email Address		Cell Number	
Prefix Nickname	Middle Name <u>Maid</u>	en Name Last Name	Suffix
Date of Birth Marital St	atus		
— Family Member 3			_
Gender First Name	Household	Position	Participant Type: New Member
			New Member
Email Address		Cell Number	
Prefix Nickname	Middle Name Maide	en Name Last Name	Suffix
Date of Birth Marital Sta	tue		
Pate of Diffti Mai Ital Sta	tus		

— Family Men	nber 4 —					
Gender	First Name	Hou	sehold Position		Participant Typ	
Email Address				Cell Number		
Prefix	Nickname Middle Name		Maiden Name	Last Name		Suffix
Date of Birth	Marital Status					
— Family Men	nber 5					
Gender	First Name	Hou	sehold Position		Participant Typ New Member	
Email Address				Cell Number		
Prefix	Nickname Middle Name		Maiden Name	Last Name		Suffix
Date of Birth	Marital Status					
— Family Mer	nber 6					
Gender	First Name	Hou	sehold Position		Participant Typ New Member	
Email Address				Cell Number		
Prefix	Nickname Middle Name		Maiden Name	Last Name		Suffix
Date of Birth	Marital Status					
— Family Men	nber 7 ———————————————————————————————————					
Gender	First Name	Hous	sehold Position		Participant Type New Member	<del>2</del> :
Email Address				Cell Number		
Prefix	Nickname Middle Name		Maiden Name	Last Name		Suffix
Date of Birth	Marital Status		_			