



St. James Catholic Church

the Bridge Church of Midtown

Registration Form 2020

Household Information:

Date_____

Home Address_____

City_____ State__ Zip Code_____

Mailing Address_____

City_____ State__ Zip Code_____

Phone(____)_____ E-mail_____

Yes, I give permission for the above information to be published in the parish directory, to be distributed parishioners of St. James only.

___Yes, I would like envelopes ___No envelopes

___I would like information about automatic deposit of my pledge/tithe.

Member Information:

Head of Household	Head of Household
Last Name_____	Last Name_____
First_____ Middle_____	First_____ Middle_____
Gender__ DOB_____ Ethnicity_____	Gender__ DOB_____ Ethnicity_____
Employer/School_____	Employer/School_____
Work#(____)_____ Cell#(____)_____	Work#(____)_____ Cell#(____)_____
E-mail_____	E-mail_____
Current Religion_____	Current Religion_____
Sacraments Received:	Sacraments Received:
<input type="checkbox"/> Baptism Date_____	<input type="checkbox"/> Baptism Date_____
<input type="checkbox"/> First Reconciliation Date_____	<input type="checkbox"/> First Reconciliation Date_____
<input type="checkbox"/> First Communion Date_____	<input type="checkbox"/> First Communion Date_____
<input type="checkbox"/> Confirmation Date_____	<input type="checkbox"/> Confirmation Date_____
<input type="checkbox"/> Matrimony Date_____	<input type="checkbox"/> Matrimony Date_____
<input type="checkbox"/> Holy Orders/Vows Date_____	<input type="checkbox"/> Holy Orders/Vows Date_____

Please place completed form in offertory basket or return to parish office:

Children or Others in the Household:

Relationship to Head _____ Last Name _____ First _____ Middle _____ Gender__ DOB _____ Ethnicity _____ Employer/School _____ Work#(____) _____ Cell#(____) _____ E-mail _____ Current Religion _____ Sacraments Received: <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> First Reconciliation Date _____ <input type="checkbox"/> First Communion Date _____ <input type="checkbox"/> Confirmation Date _____ <input type="checkbox"/> Matrimony Date _____ <input type="checkbox"/> Holy Orders/Vows Date _____	Relationship to Head _____ Last Name _____ First _____ Middle _____ Gender__ DOB _____ Ethnicity _____ Employer/School _____ Work#(____) _____ Cell#(____) _____ E-mail _____ Current Religion _____ Sacraments Received: <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> First Reconciliation Date _____ <input type="checkbox"/> First Communion Date _____ <input type="checkbox"/> Confirmation Date _____ <input type="checkbox"/> Matrimony Date _____ <input type="checkbox"/> Holy Orders/Vows Date _____
Relationship to Head _____ Last Name _____ First _____ Middle _____ Gender__ DOB _____ Ethnicity _____ Employer/School _____ Work#(____) _____ Cell#(____) _____ E-mail _____ Current Religion _____ Sacraments Received: <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> First Reconciliation Date _____ <input type="checkbox"/> First Communion Date _____ <input type="checkbox"/> Confirmation Date _____ <input type="checkbox"/> Matrimony Date _____ <input type="checkbox"/> Holy Orders/Vows Date _____	Relationship to Head _____ Last Name _____ First _____ Middle _____ Gender__ DOB _____ Ethnicity _____ Employer/School _____ Work#(____) _____ Cell#(____) _____ E-mail _____ Current Religion _____ Sacraments Received: <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> First Reconciliation Date _____ <input type="checkbox"/> First Communion Date _____ <input type="checkbox"/> Confirmation Date _____ <input type="checkbox"/> Matrimony Date _____ <input type="checkbox"/> Holy Orders/Vows Date _____