



# **SAINT BONIFACE CATHOLIC CHURCH PARISH REGISTRATION**

DATE REGISTERED: \_\_\_\_\_ Env # \_\_\_\_\_  
(Office will assign)

FAMILY LAST NAME: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

TITLE: Mr./Mrs. Mr. Mrs. Ms. Miss Other (please specify) \_\_\_\_\_

MARITAL STATUS: Church Marr. Civil Marr. Widowed Separated Divorced Single

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME (MAIN) PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please circle any or all **MINISTRIES** that may be of interest to you or your family:

During Mass:

LECTOR USHER EUCHARISTIC MINISTER GIFT BEARER SERVER

Activities/planning of these commissions:

FINANCE PARISH LIFE LITURGY EDUCATION

CHARITABLE OUTREACH SOCIAL JUSTICE

Please continue to page 2 for individual member information. Thank you

**Individual member information for Head of Household, Spouse, and Children (living at home or away at school)**

	<b>HEAD</b>	<b>SPOUSE</b>	<b>CHILD</b>	<b>CHILD</b>	<b>CHILD</b>	<b>CHILD</b>
<b>TITLE</b>						
<b>FIRST NAME</b>						
<b>LAST NAME/ MAIDEN NAME</b>						
<b>DATE OF BIRTH</b>						
<b>GENDER M or F</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>LANGUAGE SPOKEN</b>						
<b>RELIGION</b>						
<b>EMPLOYER or SCHOOL</b>						
<b>OCCUPATION OR GRADE</b>						
<b>WORK PHONE</b>						
<b>CELL PHONE</b>						
<b>PERSONAL EMAIL</b>						
<b>BAPTISM or PROFESSION OF FAITH</b>	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:
<b>FIRST COMMUNION</b>	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:
<b>CONFIRMATION</b>	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:
<b>MARRIAGE</b>	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:

**For  
Sacraments:**  
Please  
include  
dates  
(if known)

**PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE—EITHER in PERSON or by MAIL: 1820 North B Street, Ft Smith, AR, 72901  
Or by EMAIL: stbfaceoffice@gmail.com OR place in the Collection basket at Mass**