



*Holy Cross, St. Michael, St. Francis
Catholic Church
Registration Sheet*

For Office Use
ID/Envelope # _____

Parishioner Name

Today's Date _____ Would you like to receive contribution envelopes? Yes No

Please circle which church you would like to register with:

St. Michael - Steelville

Holy Cross- Cuba

St. Francis - Bourbon

This is not my home parish but would like to stay in touch as part of the Extended Family: Y N

Head of Household

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. III

Maiden Name (if Female) _____ Language Spoken at Home _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Religion _____ Date of Birth _____ Place of Birth _____

Occupation _____ Email Address _____

Check Marital Status: Single Engaged Married Separated Divorced Widowed

Catholic Marriage or Civil Marriage Anniversary _____

Sacraments received: Baptism Date _____ Location _____

1st Communion Date _____ Location _____

Confirmation Date _____ Location _____

Spouse / Other Adult

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. III

Maiden Name (if Female) _____ Language Spoken at Home _____

Home Phone _____ Work Phone _____ Cell Phone _____

Religion _____ Date of Birth _____ Place of Birth _____

Occupation _____ Email Address _____

Check Marital Status: Single Engaged Married Separated Divorced Widowed

Catholic Marriage or Civil Marriage Anniversary _____

Sacraments received: Baptism Date _____ Location _____

1st Communion Date _____ Location _____

Confirmation Date _____ Location _____

Please complete the other side for children.

If you need additional space for children, please ask for a second page. Please complete a section for each child that lives with you, even if they are in High School or College. If there is a case where multiple adults or families live in the same house, please fill out separate forms for each family.

Child 1

Last Name _____ First _____ Middle Initial _____
Suffix: Jr. III IV Gender: M F
Relation to Head of Household: child stepchild grandchild other _____
Religion _____ Grade /School _____
Date of Birth _____ Place _____
Sacraments received: Baptism Date _____ Location _____
 1st Communion Date _____ Location _____
 Confirmation Date _____ Location _____

Child 2

Last Name _____ First _____ Middle Initial _____
Suffix: Jr. III IV Gender: M F
Relation to Head of Household: child stepchild grandchild other _____
Religion _____ Grade/ School _____
Date of Birth _____ Place _____
Sacraments received: Baptism Date _____ Location _____
 1st Communion Date _____ Location _____
 Confirmation Date _____ Location _____

Child 3

Last Name _____ First _____ Middle Initial _____
Suffix: Jr. III IV Gender: M F
Relation to Head of Household: child stepchild grandchild other _____
Religion _____ Grade/ School _____
Date of Birth _____ Place _____
Sacraments received: Baptism Date _____ Location _____
 1st Communion Date _____ Location _____
 Confirmation Date _____ Location _____

Child 4

Last Name _____ First _____ Middle Initial _____
Suffix: Jr. III IV Gender: M F
Relation to Head of Household: child stepchild grandchild other _____
Religion _____ Grade/ School _____
Date of Birth _____ Place _____
Sacraments received: Baptism Date _____ Location _____
 1st Communion Date _____ Location _____
 Confirmation Date _____ Location _____

**Is anyone in your household interested in more information about joining the following groups associated with the Catholic Church?
(Please write the person's name that would like to be contacted)**

Altar Society	
Choir	
Church Cleaning	
Festival	
Fish Fry	
Funeral Dinners	
Grounds Maintenance	
Knight of Columbus	
Ladies Auxiliary	
Parish Council	
PSR Teacher	
School Cafeteria	
School helper	
School Library	

Is it ok to give your contact information out to these groups so that they may contact you? Y N

**Is anyone in your household interested in serving on the following Ministries?
Please write the names of the person or persons whom would like to serve on the Ministry below.**

Please circle which Mass is preferred to serve at:

St. Francis	Holy Cross	St. Michael
Saturday 4:00 p.m.	Saturday 6:00 p.m. Sunday 10:00 a.m.	Sunday 8:00 a.m.

Ushers	
Altar Servers	
Lectors	
Bring up the gifts	
Communion minister (body and blood)	
Greeter	
Rosary	

Welcome to the Parish!
Thank you and God bless you!