PARISH MEMBERSHIP REGISTRATION FORM - GOOD SHEPHERD CATHOLIC CHURCH

Date: _						#		
Address:		Apt	City:	Sta	te: Zi _l	o Code:		
Cell Phone Head of House:		Cell Phone Sp	Cell Phone Spouse: Home Phon					
E-Mail Head of House:			_ E-Mail Spouse:					
Marital Status: □Catholic Church Marriage □Civil Ma		larriage Only	☐Common Law	□Divorced	□Widow(er)	□Separated		
				Please inc	licate YES or N	IO for sacran	nent received	
Role in Family Head of House	First, Middle & Last Name	Male or Female	Date of Birth	Baptism	First Communion	Confirmation	Ethnicity White/Hispanic/ Black/Asian	
Spouse								
Child								
Child								
Child								
Child								
Child								
Child								
Language	e spoken at home:	☐ Bilingua	☐ Bilingual English/Spanish ☐ Bilingual English/Other			rev 1/2021		
	ne you usually attend:	_				_		
☐ Satur	day 5:30pm Vigil Mass in English	☐ Sunda	Sunday 8:00am Spanish				☐ Sunday 1:45pm Spanish	
☐ Satur	day 7:00pm Vigil Mass in Spanish	\square Sunday	☐ Sunday 10:00am English				☐ Sunday 3:30pm Spanish	
☐ Satur	day 7:00pm Spanish (Neo-Catechumenal Mass)	☐ Sunday	☐ Sunday 12:00pm Spanish				☐ Sunday 7:00pm Spanish	
Parish (Contributions will be done through:	☐ Online G	Giving □ Pa	rish Envelope	es.			