

**ST. AUGUSTINE OF CANTERBURY PARISH REGISTRATION FORM**

**FAMILY INFORMATION**

Date: \_\_\_\_\_ New Registration \_\_\_\_\_ Update \_\_\_\_\_ Envelope No. \_\_\_\_\_  
(Circle one)  
Mr/Mrs. Mr. Ms. Mrs. Other Family Name: \_\_\_\_\_  
(Circle one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Any Family Members Homebound?: Name, age, relationship: \_\_\_\_\_

**HEAD OF HOUSEHOLD INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: Married Single Widowed Divorced  
(Circle one)  
Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ (Would you want us to call your company if we are in need of that  
type of service in our parish? Yes No )

**SPOUSE INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Would you want us to call your company if we are in need of that type of service in our parish? Yes No)

**CHILD OR OTHERS LIVING IN YOUR HOME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
In Catholic School: Yes No (circle one) Interested in PSR? Yes No (circle one)

**CHILD OR OTHERS LIVING IN YOUR HOME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
In Catholic School: Yes No (circle one) Interested in PSR? Yes No (circle one)

**OVER PLEASE**

**CHILD OR OTHERS LIVING IN YOUR HOME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Catholic School: Yes No (circle one) Interested in PSR? Yes No (circle one)

**CHILD OR OTHERS LIVING IN YOUR HOME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Catholic School: Yes No (circle one) Interested in PSR? Yes No (circle one)

**CHILD OR OTHERS LIVING IN YOUR HOME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Catholic School: Yes No (circle one) Interested in PSR? Yes No (circle one)

**AREAS OF PARISH INTEREST**

Please check the areas in which you may want to participate. Include your name and email address on this form to receive more information about the parish programs and ministries.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Eucharistic Minister at Mass | <input type="checkbox"/> Youth Ministry     | <input type="checkbox"/> Ladies' Sodality         |
| <input type="checkbox"/> Eucharistic Minister to sick | <input type="checkbox"/> Choir              | <input type="checkbox"/> Church Office Volunteer  |
| <input type="checkbox"/> Lector/Reader at Mass        | <input type="checkbox"/> Children's Liturgy | <input type="checkbox"/> Saturday Church Cleaning |
| <input type="checkbox"/> Usher                        | <input type="checkbox"/> Liturgy            | <input type="checkbox"/> Building & Grounds Comm. |
| <input type="checkbox"/> Youth Mass Server            | <input type="checkbox"/> Stewardship        | <input type="checkbox"/> Social Justice Committee |

**AFFIRMATION**

**I UNDERSTAND THAT BY BECOMING A MEMBER OF St. Augustine's Parish I (and my family members) are called to attend Mass regularly at this parish, use my contribution envelopes faithfully and support the parish ministries.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this parish registration form and return it to the rectory by mail or by depositing in the collection basket. We are happy that you have chosen St. Augustine's for your faith home. Introduce yourself to Fr. Stan after Mass if you have not already done so. Welcome!

You will be receiving an new member packet from the rectory soon. It will contain information about our various ministries and their leadership's name and phone number. We hope you become an active member of St. Augustine's in one of the ministries. . In the packet also will be your Parish Contribution Envelopes for this year. If you have some one living in your household who needs their own set of Contribution Envelopes please call the rectory at 233-3813. We will be happy to accommodate. Thank you.

**St. Augustine of Canterbury Church  
1910 West Belle Street  
Belleville, Illinois 62226  
www.stasaints.org**