



welcome

to St. Joseph Parish!

St. Joseph Parish welcomes people from all backgrounds to join our community. Regardless of where you are on your own spiritual journey, we believe that you will find St. Joe's a dynamic place where you can experience rich celebrations of faith, meet others who share your interests, and find rewarding opportunities to get involved. By becoming a member of St. Joe's you invite the community of faith to care for you, the church to hold you in prayer, help you in your life journey, and love you unconditionally.

The registration process includes **TWO** different forms to fill out:

1. The **FAMILY INFORMATION** form provides general information about your family.
2. The **MEMBER INFORMATION** form asks for specific information about each member of your family. Please complete an [individual MEMBER INFORMATION page for EACH member of your family you wish to register](#). **Even if you are a single-person family, we need both forms completed.**

Please take the time to go through both forms and be sure all information is complete for your family and all family members. This information helps us to identify individuals when there are duplicate names as well as reaching out for opportunities based on age and dates.

Completed forms may be returned to the Parish Center during office hours, placed in the collection basket during Mass, emailed to nicki.welsch@menomoniecatholic.org or mailed to the Parish Center:

St. Joseph Parish and School
910 Wilson Avenue
Menomonie, WI 54751

If you would like to learn more about our parish or have any questions, please contact Nicki Welsch at 715-232-4920 or nicki.welsch@menomoniecatholic.org.

God bless you!

Fr. Mano & the St. Joseph Community



St. Joseph Parish

Household Registration Form

GENERAL FAMILY INFORMATION

Last Name – Head of Household or First Adult **First Name (Head of Household or First Adult)**

Last Name – Spouse or Second Adult **First Name – Spouse or Second Adult**

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ *phone number is unlisted; please do not publish*

Primary FAMILY Email:

<p>Family Status</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p>

In general, how would you like your name(s) to appear on mail? (Single) Jane Doe Mr. John Doe

(Not Single) John and Jane Doe Mr. and Mrs. John Doe Mr. John Doe and Mrs. Jane Doe

Other _____

Stewardship Envelopes: Monthly Weekly Direct Payment (authorization form in packet)

Last Parish Attended (Name, City & State):

How can St. Joseph Parish best serve you and meet your needs? What do you seek from St. Joseph Parish?

Mailing Address if different than home address

Street Address:

City: _____ **State:** _____ **Zip:** _____

Second/Seasonal Residence

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone:

Dates at second residence: From Month: _____ **Day:** _____ **to Month:** _____ **Day:** _____

Send mail to second residence during that time: Yes No

<p>Office Use Only</p> <p>ParishSoft</p> <p>Family ID: _____</p> <p>Env #: _____</p> <p>Entered by: _____</p> <p>Date: _____</p> <p>OSV</p> <p>Env #: _____</p> <p>Entered by: _____</p> <p>Date: _____</p>
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St. Joseph Parish

Individual Registration Form

INDIVIDUAL MEMBER INFORMATION

Please complete one form for EACH member of your family you wish to register

Name: _____

Last

First

Middle

Title: Mr. Mrs. Miss Dr. Other: _____ Suffix (examples – Jr., Sr., II, III): _____

Nickname: _____ Maiden Name: _____

Gender: M F Date of Birth: _____

City/State of Birth: _____ Relationship in Family (Head, if single): _____

Phone #: _____ Personal Email: _____ Religion: _____

Marital Status: _____ Marriage in Catholic Church*: Y N Date of Marriage: _____

Divorced – Annulment received Y N

*If not married in the Catholic Church, would you be interested in having your marriage blessed? Y N

1st Language _____ 2nd Language _____ Education (Highest Grade, Degree, Etc.) _____

Place of Employment: _____ Occupation: _____

Complete for Elementary and High School Students: School Name: _____ Grade: _____

Interested in enrolling in our parish school (3/4K – 5th Gr) Y N

If yes, someone will contact you to answer any questions

Hobbies/Interests: _____

Sacrament Information

Have you received the following Sacraments?

On the lines below, please fill in (to the best of your recollection) the DATE, NAME OF THE CHURCH, CITY and STATE, for each Sacrament received.

Baptism Yes No _____

First Reconciliation Yes No _____

First Communion Yes No _____

Confirmation Yes No _____

Marriage Yes No _____

RCIA/Full Communion Yes No _____

If you are an adult and have not yet received the Sacraments of Baptism, First Reconciliation, First Communion or Confirmation in the Catholic Church, would you like to learn more about receiving these Sacraments through our RCIA program? Yes No



St. Joseph Catholic Church

910 Wilson Avenue

Menomonie, WI 54751

715-232-4920

MenomonieCatholic.org

Authorization Agreement for Direct Payment of Contribution

- I (we) hereby authorize St. Joseph's Church, hereinafter called "COMPANY", to initiate debit entries to my (our) Checking/ Savings Account (select one) indicated below, and the financial institution named below, hereinafter called "DEPOSITORY", to debit same to such account.
- Bank information and effective date on file has not changed.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA (ROUTING) NUMBER _____

ACCOUNT NUMBER _____ Checking Account Savings Account

AMOUNT \$ _____ *(There is no fee for participants)*

Of the above amount:

I would like \$ _____ be applied to the special collection of the month (when there is one).

I would like \$ _____ be applied to the building fund.

EFFECTIVE DATE OF ENTRY (choose one) 1st of Each Month 15th of Each Month

BEGIN DEBIT THE MONTH OF: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) at least one week prior to its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print) _____

NAME (please print) _____

SIGNATURE _____

SIGNATURE _____

(If joint account, both must sign)

Print and sign and scan to email to tiffany.clark@menomonicatholic.org, place in the collection basket at Mass, or mail/drop off at the Parish Center. Please keep a copy for your records.