

Church of the Blessed Sacrament

Parish Registration Form

Parish Office Use Only
Parishioner ID/Env#: _____
School Family: <input type="checkbox"/> Y <input type="checkbox"/> N

✎ Kindly **PRINT** all information **LEGIBLY** ✎

REGISTRATION/TODAY'S DATE: ____ / ____ / ____ Are You Currently Registered With Our Parish? Y / N
 Have You Previously Been Registered With Our Parish? Y / N

Family Information

WHEN MAIL COMES TO YOUR HOME, HOW DO YOU WISH IT TO BE ADDRESSED?

MAILING NAME:

Title (please check one): Mr. & Mrs. Mr. Mrs. Miss Ms. Other: _____

Last Name

First Name (MALE's name if Mr. & Mrs.)

Spouse's Name (if applicable)

Street Address

Apt Number (if applicable)

City

State

Zip Code + 4 (if known)

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()

Home Phone unlisted

Primary Cell Phone

Primary E-mail Address

Blessed Sacrament's Parish Ministries & Activities

We are a spirit-filled community that encourages everyone to take an active part in the Parish. We need your help. Please consider involvement in one or more of the ministries listed below. Please place a check next to the ministry you/family member(s) may have an interest in.

Altar Server

Lector

Senior's Spirituality

CYO/Titan League

Legion of Mary

St. Joseph's Guild

Choir (Adult) (Youth)

Parish Council

Teen Youth Ministry

Eucharistic Minister

Prayer Group

St. Vincent dePaul Society

Faith Formation Catechist

Prayer Shawl Ministry

Usher

General Volunteer

Pro-Life Activities

Other _____

Holy Name Society

Senior Group

Blessed Sacrament Church is committed to respecting your privacy. We are committed to ensure that the confidentiality of personal information collected within this booklet is protected and maintained.

First Family Member

Kindly **PRINT** all information **LEGIBLY**

Personal Information

Last Name	First Name	Middle Initial
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Title: Mr. Mrs. Miss Ms. Dr. _____ Suffix: Sr. Jr. II III

Gender: M F DATE OF BIRTH (MM/DD/YYYY): _____

Marital Status: Single Married Separated Divorced Widowed Engaged-Wedding Date: _____

Religion currently practiced: Catholic Other: _____ Non-Religious

Does this person have any special needs: Physically Challenged Developmental Other _____

If Different Than Page 1: Cell Phone: _____ Work Phone: _____

Email Address: _____

Primary Language Spoken: _____ Ethnicity/Nationality: _____

Occupation: _____ Location of Employment (City & State): _____

Educational Information

Please indicate the **highest level of education/degree(s) awarded**: Elementary (PK - 8) High School (9 - 12)
 Some College (Fresh-Sr) College Degree(s) Awarded: AA, AS, BA, BS, MA, MS, PhD, RN, OTHER: _____

What College or University was attended? _____

Sacramental Information

Birthplace (City & State): _____

Date of Marriage (MM/DD/YYYY): _____ Married in: Catholic Church Yes No

Maiden Name (if applicable): _____

Was the Sacrament of Baptism received? Yes No Unsure In Other Christian Church
What Church (include Parish, City & State): _____

Was the Sacrament of Reconciliation/First Penance received? Yes No Unsure
What Church (include Parish, City & State): _____

Was the Sacrament of First Holy Communion received? Yes No Unsure
What Church (include Parish, City & State): _____

Was the Sacrament of Confirmation received? Yes No Unsure
What Church (include Parish, City & State): _____

Second Family Member

Please complete next page(s) for children/additional family members.

Kindly **PRINT** all information **LEGIBLY**

Personal Information

Last Name	First Name	Middle Initial
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Suffix: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Partner <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH (MM/DD/YYYY): _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged-Wedding Date: _____		
Religion currently practiced: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Non-Religious		
Does this person have any special needs: <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Developmental <input type="checkbox"/> Other _____		
If Different Than Page 1: Cell Phone: _____		Work Phone: _____
Email Address: _____		
Primary Language Spoken: _____		Ethnicity/Nationality: _____
Occupation: _____		Location of Employment (City & State): _____

Educational Information

Please indicate the **highest level of education/degree(s) awarded**: Elementary (PK - 8) High School (9 - 12)
 Some College (Fresh-Sr) College Degree(s) Awarded: AA, AS, BA, BS, MA, MS, PhD, RN, OTHER: _____

What College or University was attended? _____

Sacramental Information

Birthplace (City & State): _____

Date of Marriage (MM/DD/YYYY): _____ Married in: Catholic Church Yes No

Maiden Name (if applicable): _____

Was the Sacrament of Baptism received? Yes No Unsure In Other Christian Church

What Church (include Parish, City & State): _____

Was the Sacrament of Reconciliation/First Penance received? Yes No Unsure

What Church (include Parish, City & State): _____

Was the Sacrament of First Holy Communion received? Yes No Unsure

What Church (include Parish, City & State): _____

Was the Sacrament of Confirmation received? Yes No Unsure

What Church (include Parish, City & State): _____

Kindly PRINT all information LEGIBLY

Additional Child/Family Member

Last Name	First Name	Middle Initial
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Title: Mr. Mrs. Miss Ms. Dr. _____ Suffix: Sr. Jr. II III

Relationship to Head of Household: Daughter Son Grandchild Other _____

Gender: M F DATE OF BIRTH (MM/DD/YYYY): _____ Religion: Catholic Other: _____

Does This Person Have Any Special Needs: Physically Challenged Developmental Other _____

Primary Language Spoken: _____ Ethnicity/Nationality: _____

If an adult: Please indicate the highest level of education/degree(s) awarded: _____

What College or University was attended? _____

Birthplace (City & State): _____ Maiden Name (if applicable): _____

Baptized? Y N Church (Parish, City & State): _____

Reconciliation/First Penance? Y N Church (Parish, City & State): _____

First Holy Communion? Y N Church (Parish, City & State): _____

Confirmed? Y N Church (Parish, City & State): _____

Additional Child/Family Member

Last Name	First Name	Middle Initial
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Title: Mr. Mrs. Miss Ms. Dr. _____ Suffix: Sr. Jr. II III

Relationship to Head of Household: Daughter Son Grandchild Other _____

Gender: M F DATE OF BIRTH (MM/DD/YYYY): _____ Religion: Catholic Other: _____

Does This Person Have Any Special Needs: Physically Challenged Developmental Other _____

Primary Language Spoken: _____ Ethnicity/Nationality: _____

If an adult: Please indicate the highest level of education/degree(s) awarded: _____

What College or University was attended? _____

Birthplace (City & State): _____ Maiden Name (if applicable): _____

Baptized? Y N Church (Parish, City & State): _____

Reconciliation/First Penance? Y N Church (Parish, City & State): _____

First Holy Communion? Y N Church (Parish, City & State): _____

Confirmed? Y N Church (Parish, City & State): _____

Kindly PRINT all information LEGIBLY

Additional Child/Family Member

Last Name	First Name	Middle Initial
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Suffix: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III
Relationship to Head of Household: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH (MM/DD/YYYY): _____		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____
Does This Person Have Any Special Needs: <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Developmental <input type="checkbox"/> Other _____		
Primary Language Spoken: _____		Ethnicity/Nationality: _____
If an adult: Please indicate the highest level of education/degree(s) awarded: _____		
What College or University was attended? _____		
Birthplace (City & State): _____		Maiden Name (if applicable): _____
Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
Reconciliation/First Penance? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
First Holy Communion? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		

Additional Child/Family Member

Last Name	First Name	Middle Initial
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Suffix: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III
Relationship to Head of Household: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH (MM/DD/YYYY): _____		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____
Does This Person Have Any Special Needs: <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Developmental <input type="checkbox"/> Other _____		
Primary Language Spoken: _____		Ethnicity/Nationality: _____
If an adult: Please indicate the highest level of education/degree(s) awarded: _____		
What College or University was attended? _____		
Birthplace (City & State): _____		Maiden Name (if applicable): _____
Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
Reconciliation/First Penance? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
First Holy Communion? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		
Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N Church (Parish, City & State): _____		

Kindly PRINT all information LEGIBLY

Additional Child/Family Member

Last Name	First Name	Middle Initial
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Title: Mr. Mrs. Miss Ms. Dr. _____ Suffix: Sr. Jr. II III

Gender: M F DATE OF BIRTH (MM/DD/YYYY): _____ Religion: Catholic Other: _____

Religion: Catholic Other: _____ Non-Religious

Does This Person Have Any Special Needs: Physically Challenged Developmental Other _____

Primary Language Spoken: _____ Ethnicity/Nationality: _____

If an adult: Please indicate the highest level of education/degree(s) awarded: _____

What College or University was attended? _____

Birthplace (City & State): _____ Maiden Name (if applicable): _____

Baptized? Y N Church (Parish, City & State): _____

Reconciliation/First Penance? Y N Church (Parish, City & State): _____

First Holy Communion? Y N Church (Parish, City & State): _____

Confirmed? Y N Church (Parish, City & State): _____

Additional Child/Family Member

Last Name	First Name	Middle Initial
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Title: Mr. Mrs. Miss Ms. Dr. _____ Suffix: Sr. Jr. II III

Relationship to Head of Household: Daughter Son Grandchild Other _____

Gender: M F DATE OF BIRTH (MM/DD/YYYY): _____ Religion: Catholic Other: _____

Does This Person Have Any Special Needs: Physically Challenged Developmental Other _____

Primary Language Spoken: _____ Ethnicity/Nationality: _____

If an adult: Please indicate the highest level of education/degree(s) awarded: _____

What College or University was attended? _____

Birthplace (City & State): _____ Maiden Name (if applicable): _____

Baptized? Y N Church (Parish, City & State): _____

Reconciliation/First Penance? Y N Church (Parish, City & State): _____

First Holy Communion? Y N Church (Parish, City & State): _____

Confirmed? Y N Church (Parish, City & State): _____



WeShare Online Giving *OPTION*

Manage Your Giving Online through WeShare

Blessed Sacrament uses WeShare as their online donation tool. WeShare manages all credit card (debit or ACH) transactions. This service allows you to safely and easily manage your own donations to our parish online. You can donate weekly, monthly or make a one-time donation. You can use MasterCard, Visa, Discover, or American Express as well as any bank account all online at *your* convenience.

You can access your account at any time day or night simply by logging in to your personal WeShare account.

However you choose to give your time, talent, and treasure, we thank you! Blessed Sacrament parish thrives only with your help.

We ask that you consider using WeShare for your Offertory Donations, especially if you currently manage your banking or bill payments online. For more information about Online Giving or assistance in setting up your online donation account please call WeShare at 800-950-9952.

Kindly Check One Box:

I will NOT be enrolling in Online Giving at this time. Please mail Offertory Envelopes to my home.

I WILL enroll in online donation and will do so by calling WeShare directly at 800-950-9952 or by visitng their web site at <https://blessedsacramentsi.churchgiving.com/>