

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

## Somerville Collaborative Parish Registration Form

Please turn this form in to the parish office or place it in the collection basket during mass

Please choose the Parish that will be your primary place of worship: (circle)

St. Joseph's Parish

St. Ann's Parish

St. Catherine's Parish

Name: \_\_\_\_\_  
(Head of Household) (Last) (First) (M. Initial)

Address: \_\_\_\_\_  
(Full) (#Street-Apt. #) (City) (Zip Code)

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above) (#Street-Apt. #) (City) (Zip Code)

Would you like to register for envelopes? Y / N

If you already receive envelopes please put your envelope number here. # \_\_\_\_\_

Name of each person in household	Male Or Female	Relation (son/daughter) (wife/husband)	Date of Birth	Religious Affiliation	Baptized (Yes/No)

Do you have any talents or skills that you would like to bring to the parish?  
(Lector, carpentry, choir, Usher, Eucharistic Minister, Greeter, CCD teacher...etc.)

\_\_\_\_\_

Do you speak any second languages? \_\_\_\_\_

Is there anything we can do to help bring you closer to Christ? \_\_\_\_\_

\_\_\_\_\_

\*If you have more than 6 people in your household please attach a second registration form. Thank you and God Bless.