

ST. ISIDORE CATHOLIC CHURCH

Please mail to: PO Box 765, Winner, SD 57580

Parish Office: 842-3520

Please Print

Marital Status: Married Divorced Separated Annulled Single Widowed

HEAD OF HOUSEHOLD:

SPOUSE:

Mr. Mrs. Ms. Dr.

Last Name: _____
 First Name: _____
 Middle Name: _____
 Maiden Name: _____
 Religion: _____
 Baptized: No Yes
 Place of Baptism: _____
 Date if known: _____
 Confirmed: No Yes
 Birthdate (month, day, year): _____
 Place of Employment: _____
 Position: _____
 Work Telephone #: _____
 Email address: _____
 Home Address: _____

Mr. Mrs. Ms. Dr.

Last Name: _____
 First Name: _____
 Middle Name: _____
 Maiden Name: _____
 Religion: _____
 Baptized: No Yes
 Place of Baptism: _____
 Date if known: _____
 Confirmed: No Yes
 Birthdate (month, day, year): _____
 Place of Employment: _____
 Position: _____
 Work Telephone #: _____
 Email address: _____

Mailing Address if different from above: _____

Telephone Number (Home/Cell): _____ Unlisted: Yes No

Church Marriage: Church Name _____ Date of Marriage: _____

City and State: _____

Civil Marriage: City, State _____ Date of Marriage: _____

Validation (Blessing of Marriage) : Church Name _____ Date: _____

City and State: _____

CHILDREN:

Name: First, Middle, Last	M/F	Religion	Birthdate (M/D/Y)	Baptism	First Communion	Confirmation	Name of School	Grade

If your child has had the sacrament of Baptism, 1st Communion, or Confirmation, and you know the date, please list it. If they have had the sacrament and you do not know the date, just check the box.
 Thanks!

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

PARENTS:

	Name	Living or Deceased	Date of Death	City and State if Living
Father:				
Father:				
Mother:				
Mother:				

ADULT PARTICIPATION IN A MINISTRY

I would like to be involved in the following ministries and/or organizations (if not already):

- Lector (Reader)
- Usher
- Extraordinary Minister of the Eucharist (EME)
- Homebound/Hospital/Hospice Ministers
- Sacristan
- Music (Musician, Choir, Cantor)
- Faith Formation Teacher
- Liturgy and/or Environment Committees
- RCIA classes to join Catholic Church
- Catholic Daughters
- Knights of Columbus
- Serve on the Parish Council or Council Standing Committee

STUDENT PARTICIPATION IN A MINISTRY

Name of Student _____
Parent Signature _____

My child would like to be involved in the following ministries and/or organizations:

- Altar Server - Grades 4 and up
- Lector (Reader) - Grades 5 and up
- Usher
- Music - Children's Choir, Cantor, Musician
- Extraordinary Minister of Holy Communion - Must be confirmed

INDIVIDUAL OR FAMILY SPECIAL NEEDS, DISABILITIES, AND COMMENTS:

