Parish Registration form

Famíly Last Name	
Weekend Mass you typically a	ttend:
□5:30pm □8:30am □10:30am □1.	
And/or Weekday Mass you tyj	pically attend: OSFDLI'S
□8am □12:10pm	JOSEPI ON CAPITOL HILL
Head of Household	
(First Name and Date of Birth)	
(preferred phone contact	
(preferred email address)	
Spouse	
(First Name and Date of Birth)	
(preferred phone contact and emo	ત્રાંl address)
Home address -	
(street, city, state and zip code)	
Names and dates of birth of childrer	ı living in the household -
If applicable - names and dates of bi household	ch other should submit separate forms.)
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Volunteer	r opportunities
2 2	nd enrich its Christian Vitality. <u>Please</u> o volunteer for at St. Joseph's Church.
□Altar Server	□ Usher/Greeter
\Box Lector	Music - □Choir, □Cantor and/or □instrument
Extraordinary Minister of Holy	
Communion for □Mass and/or □visitation of the sick and	□Coffee hour
homebound.	Religious education-
	$\square RCIA/sponsor$ or $\square CCD/teacher$

A parish representative will contact you with details regarding your interests.