



# St Joseph Roman Catholic Church - Parish Membership Form

Parish Office: 609 Kaufman, Waxahachie, Texas 75165

(O) 972.938.1953 (f) 972.923.3501 ~ www.stjosephwaxahachie.com

*Please return to the parish office or place in the collection basket at any Mass.*

All people of faith are welcome to worship at St Joseph Catholic Church. We believe that membership in our faith community is signified by completing this form, participating in the sacramental life of the community and contributing to the support of the parish for at least 4 months. Contribution envelopes are only printed once a year and distributed in December to members who request them.

**Family Name:** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you requesting contribution envelopes? Yes or No

Do you wish to receive the free diocesan newspaper, *The Texas Catholic*? Yes or No

	FIRST NAME	LAST NAME	SEX	BIRTHDAY	EMAIL ADDRESS	PHONE	RELIGION	RELATIONSHIP TO HEAD OF HOUSE
	HEAD OF HOUSE							
	SPOUSE							
CHILDREN								

**Office Use Only:** Envelope Number \_\_\_\_\_ Envelopes Requested: Yes or No Registry Date: \_\_\_\_\_ Language: \_\_\_\_\_



# IGLESIA CATÓLICA ROMANA ST. JOSEPH - FORMA DE REGISTRACION

Oficina: 609 Kaufman, Waxahachie, Texas 75165

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*Por favor regrese esta forma a la oficina parroquial o póngala en la canasta de las ofrendas.*

Todas las personas de fe son bienvenidos a la Iglesia Católica de St. Joseph. Al llenar esta forma queda usted y su familia registrados como miembros participantes en la vida sacramental de la comunidad y contribuidores al apoyo de la parroquia. Sobres de contribución sólo se imprimen una vez al año y se distribuye en diciembre a los miembros que los soliciten.

APELLIDO FAMILIAR: \_\_\_\_\_

Fecha: \_\_\_\_\_

DIRECCION: \_\_\_\_\_ CD: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Quiere recibir sobres? Si o No

	PRIMER NOMBRE	APELLIDO	SEXO	FECHA DE NACIMIENTO	CORREO ELECTRONICO	TELEFONO	RELIGION	RELACION CON LA CABEZA DE FAMILIA
	USTED							
	ESPOSA/O							
NIÑOS								

Office Use Only: Envelope Number \_\_\_\_\_ Envelopes Requested: Yes or No Registry Date: \_\_\_\_\_ Language: \_\_\_\_\_