PARISH MEMBERSHIP REGISTRATION FORM - GOOD SHEPHERD CATHOLIC CHURCH

Date: _						#	
Address:		_ Apt	City:	State:		p Code:	
Cell Phone Head of House:		Cell Phone Spouse:		Home Phone		:	
E-Mail He	ead of House:		E-Mail Spouse:				· · · · · · · · · · · · · · · · · · ·
Marital St	atus: □Catholic Church Marriage □Civil Ma	rriage Only	☐Common Law	□Divorced	□Widow(er)	□Separated	□Single
				Please indi	cate YES or N	O for sacran	nent received
Role in Family Head of House	First, Middle & Last Name	Male or Female	Date of Birth	Baptism	First Communion	Confirmation	Ethnicity White/Hispanic/ Black/Asian
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							
	e spoken at home: ☐ English ☐ Spanish	☐ Bilingual	English/Spanish 🗆	Bilingual Englis	sh/Other	rev	10/2024
☐ Saturday 5:00pm Vigil Mass in English		☐ Sunday 7:00am English				☐ Sunday 2:00pm Spanish	
☐ Saturday 6:30pm Vigil Mass in Spanish		☐ Sunday 8:00am Spanish				☐ Sunday 4:00pm Spanish	
☐ Saturday 8:00pm Spanish (Neo-Catechumenal Mass)		☐ Sunday 10:00am English				☐ Sunday 7:00pm Spanish	
		☐ Sunday 12:00pm Spanish					
Parish Contributions will be done through: Online Giving Parish Envelopes							