



ST. JOSEPH PARISH
 COCKEYSVILLE, MARYLAND
A Beacon of Faith, Worship, and Witness

Envelope Number: _____
 OFFICE USE ONLY

LAST NAME - Office Use Only

Today's Date: _____ Preferred Language: English Spanish Birthdate: _____

First Name: _____ Last Name: _____

Address: _____ Apt: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Profession: _____

Male Female Marital Status: _____ Religion: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
 Reconciliation First Eucharist Confirmation Catholic Wedding

I would like to receive: Envelopes Electronic Giving Information

Spouse Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Birthdate: _____ Male Female Preferred Language: English Spanish

Profession: _____ Religion: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
 Reconciliation First Eucharist Confirmation Catholic Wedding

Family Member Information

First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
 Reconciliation First Eucharist Confirmation Catholic Wedding

First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
 Reconciliation First Eucharist Confirmation Catholic Wedding

(Continued on reverse)

First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
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First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
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First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
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First Name: _____ Last Name: _____

Birthdate: _____ Male Female Relationship: _____

Sacraments Completed: Baptism (Denomination: Roman Catholic Other Christian Denomination Non-Baptized)
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Would you like information on getting involved in the Parish?

- | | | |
|---|---|---|
| <input type="checkbox"/> Work with children | <input type="checkbox"/> Help those getting married | <input type="checkbox"/> Work with technology or social media |
| <input type="checkbox"/> Work with teens | <input type="checkbox"/> Young adult social or service | <input type="checkbox"/> Liturgical Minister (lector, altar server, usher, greeter, Eucharistic Minister) |
| <input type="checkbox"/> Serve those in need | <input type="checkbox"/> Drive someone to Mass or appointments | <input type="checkbox"/> I am bilingual and would like to share my talents |
| <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> Help with administrative work | <input type="checkbox"/> Help with events |
| <input type="checkbox"/> Small groups / Prayer groups | <input type="checkbox"/> Work with those coming into or coming back to the church | |
| <input type="checkbox"/> Help the ill or elderly | | |
| <input type="checkbox"/> Sing or play an instrument | | |

Notes/Questions/Special needs: