



# welcome

to St. Joseph Parish!

St. Joseph Parish welcomes people from all backgrounds to join our community. Regardless of where you are on your own spiritual journey, we believe that you will find St. Joe's a dynamic place where you can experience rich celebrations of faith, meet others who share your interests, and find rewarding opportunities to get involved. By becoming a member of St. Joe's you invite the community of faith to care for you, the church to hold you in prayer, help you in your life journey, and love you unconditionally.

The registration process includes **TWO** different forms to fill out:

1. The **FAMILY INFORMATION** form provides general information about your family.
2. The **MEMBER INFORMATION** form asks for specific information about each member of your family. Please complete an [individual MEMBER INFORMATION page for each member of your family you wish to register](#). **Even if you are a single-person family, we need both forms completed.**

Completed forms may be returned to the Parish Center during office hours, placed in the collection basket during Mass, emailed to [nicki.welsch@menomoniecatholic.org](mailto:nicki.welsch@menomoniecatholic.org) or mailed to the Parish Center:

St. Joseph Parish and School  
910 Wilson Avenue  
Menomonie, WI 54751

If you would like to learn more about our parish or have any questions, please contact Nicki Welsch at 715-232-4920 or [nicki.welsch@menomoniecatholic.org](mailto:nicki.welsch@menomoniecatholic.org).

God bless you!

Fr. Mano & the St. Joseph Community



# St. Joseph Parish

## Household Registration Form

### GENERAL FAMILY INFORMATION

\_\_\_\_\_  
**Last Name** – Head of Household or First Adult

\_\_\_\_\_  
**First Name** (Head of Household or First Adult)

\_\_\_\_\_  
**Last Name** – Spouse or Second Adult

\_\_\_\_\_  
**First Name** – Spouse or Second Adult

\_\_\_\_\_  
**Street Address:**

\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_  
**Phone:** \_\_\_\_\_  *phone number is unlisted; please do not publish*

\_\_\_\_\_  
**Primary FAMILY Email:**

<p><b>Family Status</b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p>
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**In general, how would you like your name(s) to appear on mail? (Single)**  Jane Doe  Mr. John Doe

**(Not Single)**  John and Jane Doe  Mr. and Mrs. John Doe  Mr. John Doe and Mrs. Jane Doe

Other \_\_\_\_\_

**Stewardship Envelopes:**  Monthly  Weekly  Direct Payment (authorization form in packet)

**Last Parish Attended (Name, City & State):** \_\_\_\_\_

**How can St. Joseph Parish best serve you and meet your needs? What do you seek from St. Joseph Parish?**

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address if different than home address**

\_\_\_\_\_  
 Street Address:

\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Second/Seasonal Residence**

\_\_\_\_\_  
 Street Address:

\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
 Phone:

Dates at second residence: From Month: \_\_\_\_\_ Day: \_\_\_\_\_ to Month: \_\_\_\_\_ Day: \_\_\_\_\_

Send mail to second residence during that time:  Yes  No

<p><b>Office Use Only</b></p> <p><b>ParishSoft</b></p> <p>Family ID: _____</p> <p>Env #: _____</p> <p>Entered by: _____</p> <p>Date: _____</p> <p><b>OSV</b></p> <p>Env #: _____</p> <p>Entered by: _____</p> <p>Date: _____</p>
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# St. Joseph Parish

## Individual Registration Form

### INDIVIDUAL MEMBER INFORMATION

*Please complete one form for EACH member of your family you wish to register*

Name: \_\_\_\_\_

Last

First

Middle

Title:  Mr.  Mrs.  Miss  Dr.  Other: \_\_\_\_\_ Suffix (examples – Jr., Sr., II, III): \_\_\_\_\_

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_

City/State of Birth: \_\_\_\_\_ Relationship in Family (Head, if single): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marriage in Catholic Church\*:  Y  N Date of Marriage: \_\_\_\_\_

Divorced – Annulment received  Y  N

\*If not married in the Catholic Church, would you be interested in having your marriage blessed?  Y  N

1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_ Education (Highest Grade, Degree, Etc.) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Complete for Elementary and High School Students:** School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Interested in enrolling in our parish school (3K – 6<sup>th</sup> Gr)  Y  N *If yes, someone will contact you to answer any questions*

Hobbies/Interests: \_\_\_\_\_

### Sacrament Information

Have you received the following Sacraments?

On the lines below, please fill in (to the best of your recollection) the DATE, NAME OF THE CHURCH, CITY and STATE, for each Sacrament received.

**Baptism**  Yes  No \_\_\_\_\_

**First Reconciliation**  Yes  No \_\_\_\_\_

**First Communion**  Yes  No \_\_\_\_\_

**Confirmation**  Yes  No \_\_\_\_\_

**Marriage**  Yes  No \_\_\_\_\_

**RCIA/Full Communion**  Yes  No \_\_\_\_\_

*If you are an adult and have not yet received the Sacraments of Baptism, First Reconciliation, First Communion or Confirmation in the Catholic Church, would you like to learn more about receiving these Sacraments through our RCIA program?*  Yes  No



St. Joseph Catholic Church      910 Wilson Avenue      Menomonie, WI 54751      715-232-4920  
MenomonieCatholic.org

## Authorization Agreement for Direct Payment of Contribution

- I (we) hereby authorize St. Joseph's Church, hereinafter called "COMPANY", to initiate debit entries to my (our)  Checking/  Savings Account (select one) indicated below, and the financial institution named below, hereinafter called "DEPOSITORY", to debit same to such account.
- Bank information and effective date on file has not changed.**

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA (ROUTING) NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_  Checking Account  Savings Account

AMOUNT \$ \_\_\_\_\_ *(There is no fee for participants)*

EFFECTIVE DATE OF ENTRY (choose one)     1<sup>st</sup> of Each Month     15<sup>th</sup> of Each Month

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) at least one week prior to its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME *(please print)* \_\_\_\_\_

NAME *(please print)* \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**(If joint account, both must sign)**

*Print and sign and scan to email to [karen.adams@menomoniecatholic.org](mailto:karen.adams@menomoniecatholic.org), place in the collection basket at Mass, or mail/drop off at the Parish Center. Please keep a copy for your records.*