

*Welcome!*

**St. Francis of Assisi Parish**  
**4263 St. Francis Drive \* P.O. Box 182**  
**Athol Springs, NY 14010**  
**(716) 627-2710**

ParishOffice@stfrancischurch.us ❖ www.stfrancischurch.us



## Registration Form

Welcome to the Faith Community of St. Francis of Assisi Parish. Please fill out all the requested information in detail and return the form to the parish office. Once we receive the completed form, if you have indicated that you wish to use the parish collection envelopes, you will receive an identification number and arrangements will be made for the pickup of the envelopes. We encourage all to use the collection envelopes in support of your Faith Community and, at the same time, it provides a record of attendance and allows us to prepare a statement of donations for tax purposes. Please don't forget to look through our *Website*. If you have questions about the registration form or about any of the various activities and opportunities for service, please contact the parish office at (716) 627-2710 *Welcome!*

FAMILY NAME: \_\_\_\_\_ ID/Env #: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

### HEAD OF HOUSEHOLD (MALE)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MARRIED, DIVORCED, WIDOWED, SINGLE: \_\_\_\_\_

**SACRAMENTAL INFORMATION** (Date, Name of Church, City & State)

BAPTISM: \_\_\_\_\_

FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

MARRIAGE: \_\_\_\_\_

### HEAD OF HOUSEHOLD (FEMALE)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MARRIED, DIVORCED, WIDOWED, SINGLE: \_\_\_\_\_

**SACRAMENTAL INFORMATION** (Date, Name of Church, City & State)

BAPTISM: \_\_\_\_\_

FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

MARRIAGE: \_\_\_\_\_

**ADDRESS**

NUMBER & STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TELEPHONE & EMAIL**

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DO YOU WISH TO USE PARISH ENVELOPES? (YES/NO) :** \_\_\_\_\_

**DO YOU WISH TO USE ONLINE GIVING? (YES/NO):** \_\_\_\_\_

**CHILDREN LIVING IN HOUSEHOLD**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SACRAMENTAL INFORMATION** (Date, Name of Church, City & State)

BAPTISM: \_\_\_\_\_

FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SACRAMENTAL INFORMATION** (Date, Name of Church, City & State)

BAPTISM: \_\_\_\_\_

FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SACRAMENTAL INFORMATION** (Date, Name of Church, City & State)

BAPTISM: \_\_\_\_\_

FIRST EUCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

*(Please use the back if you need more space)*

**PARISH INVOLVEMENT**

*I am interested in and/or would like more information about the following areas of service and participation in the Faith Community:*

- Altar Server     Decorating     Eucharistic Minister     Altar Rosary Society
- Usher/Greeter     Lector     Holy Name Society     Fundraising/Bingo
- Social Outreach     Music     Family Ministry     Adult Education
- Youth Ministry     Finances     Young Adult Ministry     Religious Education

Other: \_\_\_\_\_

I would like information about : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_