

Welcome!
St. Francis of Assisi Parish
4263 St. Francis Drive * P.O. Box 182
Athol Springs, NY 14010
(716) 627-2710
sfaoffice@verizon.net ❖ 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 or our online giving program, you will receive an identification number and information about the use of envelopes or how to set up online giving. Along with your presence at Mass, your financial support allows us to carry on our ministry of being that visible presence of Jesus in our midst. 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: _____ GRADE: _____

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

BAPTISM: _____

FIRST EUCHARIST: _____

CONFIRMATION: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE: _____

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

BAPTISM: _____

FIRST EUCHARIST: _____

CONFIRMATION: _____

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 : _____
