

# ST. FABIAN CATHOLIC CHURCH MEMBERSHIP REGISTRATION FORM

HOUSEHOLD  
INFO

Household Mailing Name: \_\_\_\_\_ (example Rick & Angie Smith)  
Household Address: \_\_\_\_\_  
Household Telephone Number: \_\_\_\_\_

HEAD OF HOUSEHOLD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Gender: M / F Marital Status: S / M Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Catholic?: Y / N  
Baptized?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_  
First Communion?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of First Communion \_\_\_\_\_  
Confirmed?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Confirmation \_\_\_\_\_  
Marriage?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Marriage \_\_\_\_\_

SPOUSE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Gender: M / F Marital Status: S / M Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Catholic?: Y / N  
Baptized?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_  
First Communion?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of First Communion \_\_\_\_\_  
Confirmed?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Confirmation \_\_\_\_\_  
Marriage?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Marriage \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender M / F Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Baptized?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_  
First Communion?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of First Communion \_\_\_\_\_  
Confirmed?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Confirmation \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender M / F Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Baptized?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_  
First Communion?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of First Communion \_\_\_\_\_  
Confirmed?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Confirmation \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender M / F Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Baptized?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_  
First Communion?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of First Communion \_\_\_\_\_  
Confirmed?: Y / N Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Confirmation \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender M / F Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Baptized?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & City of Confirmation \_\_\_\_\_

Indicate the ministries you/your family are interested in (check all that apply)

- EUCHARISTIC MINISTER
- HOSPITALITY HOST
- USHER
- ALTAR SERVER
- LECTOR/ COMMENTATOR
- SOCIAL SERVICES
- HOME BOUND MINISTRY
- NURSERY
- CHILDREN'S CHURCH

To submit form:

1. By mail: Saint Fabian Catholic Church  
5266 Old Hwy 11  
Suite 50-214  
Hattiesburg, MS 39042
2. Onsite: Collection plate during Mass
3. By Email: [church@saintfabian.com](mailto:church@saintfabian.com)