

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 _____
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CHILD

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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