

Full Name of Others in Household	Date of Birth	Religion	Married	Baptized	1 st Communion	Confirmation
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No

Would you like to receive Church envelopes? Yes _____ No _____
Only those who use envelopes will receive an annual report for tax purposes.

Which weekend Mass does your family typically attend? Please mark with a (✓)

_____ **Saturday 5:00PM**
 _____ **Sunday 8:30AM**

_____ **Sunday 11:30AM**
 _____ **Sunday 1:30PM (Spanish)**

Please indicate with a (✓) which Ministries you or members of your household would be interested in giving of your *Time or Talent*.

_____ **Adoration**

_____ **Altar Society**

_____ **Altar Server**

_____ **Extraordinary Ministers of Holy Communion**

_____ **Faith Formation**

_____ **Greeter**

_____ **Guadalupanos Society**

_____ **His Holy Face Rosary Makers**

_____ **Homebound Ministries**

_____ **Knights of Columbus**

_____ **Lector/Commentator**

_____ **MOSAIC (Motivating Our Senior Adults In Christ-Ages 50 and older)**

_____ **Music Ministry**

_____ **Prayer Blankets**

_____ **RCIA**

_____ **Religious Education (Teacher/Sub)**

_____ **St. Vincent De Paul Society**

_____ **Youth Ministry**