

St. Elizabeth Ann Seton Church New Member Information Form

Full Name (**male**) _____ single/husband/divorced/widowed
(please circle one)
Date of Birth _____
Occupation _____
Religion _____

Full Name (**female**) _____ single/wife/divorced/widowed
(please circle one)
Date of Birth _____
Occupation _____
Religion _____

Street Address _____

City: _____ State: _____ Zip: _____

Telephone (Landline) _____ Mobile _____

Which number is best to contact you? _____ Home _____ Mobile

E-mail Address _____

Would you like the bulletin to be emailed to you? _____ yes _____ no

How would you like to contribute financially? _____ envelopes _____ online giving _____ electronic check

If married, date of Wedding: _____ Place of Wedding: _____

If married, was this wedding recognized by the Catholic Church? _____ yes _____ no

If divorced, are you possibly looking at a future marriage? _____ yes _____ no

Please check here if you are in need of an annulment _____

If not already Catholic, are you (or your spouse) interested in becoming Catholic? _____ yes _____ no

If Catholic, have you (and your spouse) been Confirmed? _____ yes _____ no

If you have children, are you homeschooling them? _____ yes _____ no (public/private/charter school)
(this is to assist you in connecting to a home-school co-op)

Are any of your children attending St. Patrick's Catholic School? _____ yes _____ no

(continued on other side)

Minor Children Living At Home:

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

_____ Baptized? ___ Yes ___ No Age: _____ Grade: _____ DOB: _____

Former Church/Parish _____

City: _____ State: _____

Ministry Interests:

Please indicate any interest in these ministry areas and someone will follow up with you.

___ Acolyte (Men 18 yrs. or older)* ___ Altar Server (boys/teenagers)

___ Greeter ___ Usher ___ Choir/Singing ___ Cantor ___ Lector (men)

___ Musician _____ Instrument(s) Played

___ Sunday School Teacher*: ___ High School ___ Jr. High ___ Elementary

___ Youth Group* ___ RCIA ___ Money (Collection) Counter* ___ Rosary Leader

___ Outreach* (Nursing Home/Homebound) ___ Prayer Shawl (Blanket Ministry)

___ Bible Studies ___ Daughters of Charity (adult women) ___ Knights of Columbus (adult men)

___ Maintenance (please specify if you have a special skill) _____

___ Pumpkin Fest Committee ___ Fellowship (coffee/rolls after Holy Mass) ___ Prolife

*=requires background check in accordance with the Diocese of Lincoln/Catholic Mutual Group

Other areas you may desire to serve:

Are there any special needs/health issues we should be aware of?

All personal information (birth date, etc.) will be kept strictly confidential.

Please drop this in the collection basket; bring to the parish office; or mail it to:

St. Elizabeth Ann Seton Church, PO Box 1558, North Platte, NE 69103

St. Elizabeth Ann Seton Church