



# St. Francis of Assisi

Love God, serve God: everything is in that.

Please complete and return by mail, in the offertory, or to our St. Mary Church location at  
821 Herman Rd., Butler, PA 16002.

If you wish to scan and email, please forward to [linda@saintfrancisparish.net](mailto:linda@saintfrancisparish.net)

Date: \_\_\_\_\_ Would you like to receive envelopes? \_\_\_\_\_  
 Last Name of Family: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Mailing Address: (if different) \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

- Please use one block for each family member living at the address above (including non-Catholic members.)
- Please fill out as much information as you can and Please **PRINT**.
- Individuals age 18 and older are considered an adult member and should complete a separate form. Please list children on the back.

First Name, Middle Initial _____ <i>(list last name if different from family last name above)</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____ Maiden Name: _____	Cell # _____
Marital Status (Please Check): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Religion: _____	Email Address: _____
Occupation: _____	Employer: _____
Sacraments (Date & Church if known): <input type="checkbox"/> Baptism: _____	
1 <sup>st</sup> Communion: _____	Confirmation: _____
Marriage (Date & Place): _____	

First Name, Middle Initial _____ <i>(list last name if different from family last name above)</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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First Name, Middle Initial _____		Gender: _____		M	F
<i>(list last name if different from family last name above)</i>					
Date of Birth: _____	School: _____	Grade _____			
Religion: _____					
Sacraments (Yes/No)	Baptism: _____	First Communion: _____	Confirmation: _____		
Date & Church if known: _____					

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<i>(list last name if different from family last name above)</i>					
Date of Birth: _____	School: _____	Grade _____			
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Date & Church if known: _____					

Parish Ministries: Please check the ministries that interest you and someone will contact you

- |   |                                |                    |
|---|--------------------------------|--------------------|
| _____ Extraordinary Minister of the Eucharist | _____ Usher                    | _____ Altar Server |
| _____ Religious Ed. Teacher/Volunteer         | _____ Lector                   | _____ Youth Group  |
| _____ Evangelism Program                      | _____ Community Dinner/Service |                    |
| _____ Bereavement Committee                   | _____ Prayer Blanket Ministry  |                    |
| _____ Worship Committee                       |                                |                    |

