



“Our Lady of Jasna Gora Parish”

128 Franklin Street – Clinton, Massachusetts 01510

Office: (978) 365-2724 www.jasna-gora.org School: (978) 365-3137 www.stmarysclintonma.org

Registration

Registration Date ___/___/___

Contrib. Envelope. Y / N (ENV # _____)

General Information:

Last Name _____

Home Phone (____) _____

First Name(s) _____

Email Address _____

Address _____

Permission to publish in Parish Directory

Phone # Y __ N __ Address Y __ N __ Email Y __ N __

Town/City _____ State: _____

Zip Code _____ - _____

Previous Parish: Name _____ City/Town & State _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon: Y__ N __ Anniversary Date: ___/___/___

Wedding Church/City: _____

Important! (PLEASE NOTE: If single, widowed or other, please complete information on other side)

HUSBAND/HEAD:

Active Catholic: Active / Inactive/ Other

Denomination _____

First Name _____

Date of Birth ___ / ___ / ___

WIFE:

Active / Inactive / Other

Denomination _____

First Name _____

Date of Birth ___ / ___ / ___

(Maiden) _____

Sacramental Information:

Baptized Y__ N __ Catholic Y__ N __

Reconciliation Y__ N __ First Eucharist Y__ N __

Confirmation Y__ N __

Baptized Y__ N __ Catholic Y__ N __

Reconciliation Y__ N __ First Eucharist Y__ N __

Confirmation Y__ N

Husband:

Occupation: _____

Work Telephone: (____) _____

Email Address: _____

Language (Other than English) _____

Wife:

Occupation: _____

Work Telephone: (____) _____

Email Address: _____

Language (Other than English) _____

Children Information (Over 18, Please complete separate form)

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Current Grade</u>	
1. _____	__ / __ / ____	M / F	_____	School: _____
Baptism? Y ___ N ___ Catholic? Y ___ N ___ First Eucharist: Y ___ N ___ Reconciliation? Y ___ N ___ Confirmation? Y ___ N ___ CCD Y ___ N ___				
2. _____	__ / __ / ____	M / F	_____	School: _____
Baptism? Y ___ N ___ Catholic? Y ___ N ___ First Eucharist: Y ___ N ___ Reconciliation? Y ___ N ___ Confirmation? Y ___ N ___ CCD Y ___ N ___				

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Current Grade</u>	
3. _____	__ / __ / ____	M / F	_____	School: _____
Baptism Y ___ N ___ Catholic Y ___ N ___ First Eucharist: Y ___ N ___ Reconciliation Y ___ N ___ Confirmation Y ___ N ___ CCD Y ___ N ___				
4. _____	__ / __ / ____	M / F	_____	School: _____
Baptism Y ___ N ___ Catholic? Y ___ N ___ First Eucharist: Y ___ N ___ Reconciliation Y ___ N ___ Confirmation Y ___ N ___ CCD Y ___ N ___				

(If more entries needed, please use the blank sheet of paper)

Single, Widowed, or Others, (Please complete information below)

Your Status: _____	Occupation: _____
Full Name: _____	Work Telephone Number: (____) _____
Date of Birth: ____ / ____ / ____	Work Email _____
Language (Other than English) _____	

Sacramental Information:

Baptized Y ___ N ___ Catholic Y ___ N ___ Reconciliation Y ___ N ___ First Eucharist Y ___ N ___ Confirmed Y ___ N ___

Parish Ministry Opportunities

If interested or already assisting in any of the ministries listed below, please indicate.

Eucharistic Minister ___ RCIA ___ Lector ___ Youth Ministry/Life Teen ___

Altar Server ___ Religious Education ___ Children's Choir ___ Children's Ministry ___

Adult Choir ___ Ministers of the Sick and Homebound ___ Hospitality ___ Usher ___

Cleaning the Church ___ Other Suggestions: _____

Please fill out this form at your earliest convenience and return either by mail, or, drop in the collection basket at Mass over the weekend. This information is very important and necessary as we update our parish census. Thank you for your immediate attention to this request.

COMMENTS: