

GOOD SHEPHERD CHURCH		PARISH MEMBERSHIP FORM		ENV #	
FAMILY NAME	FIRST NAME	SPOUSE	M/M MR. MRS. MS. OTHER		
ADDRESS	CITY	ZIP	PHONE NUMBER	EMAIL ADDRESS	
MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED SEPARATED					
	MEMBER #1	MEMBER #2	MEMBER #3	MEMBER #4	
FIRST NAME					
LAST NAME					
MAIDEN NAME					
MARTIAL STATUS					
RELIGION					
OCCUPATION					
GENDER	MALE FEMALE	MALE FEMALE	MALE FEMALE	MALE FEMALE	
BIRTH DATE: M/D/Y					
BAPTISM DATE/PLACE					
1ST COMM DATE/PLACE					
CONFIRMED DATE/PLACE					
MARRIAGE DATE/PLACE					
DOES ANYONE IN YOUR FAMILY RECEIVE OR REQUIRE A MONTHLY COMMUNION CALL? Y N					
WOULD YOU LIKE TO BE INCLUDED ON OUR EMAIL LIST FOR PARISH UPDATES? Y N					
MAY WE PUBLISH YOUR NAME IN THE BULLETIN TO WELCOME NEW PARISHIONERS Y N					