

Date: _____

*Received: _____
*(For Office Use Only)

St. Michael the Archangel
PARISH REGISTRATION FORM
9101 S. 78TH STREET, LINCOLN, NE 68516

Return completed form: to stmichaelchurch@cdolinc.net, mail 'ATTN: Parish Office', or drop in collection basket.

Last Name: _____

Primary Phone: _____

Address: _____

City, State, Zip: _____

HEAD OF HOUSEHOLD:

MALE		FEMALE	
First Name:		First Name:	
Nickname:		Nickname:	
-----		Maiden Name:	
DOB:		DOB:	
Religion:		Religion:	
Baptism Date: ____/____/____	Church: City/ST:	Baptism Date: ____/____/____	Church: City/ST:
1 st Communion Date: ____/____/____	Church: City/ST:	1 st Communion Date: ____/____/____	Church: City/ST:
Confirmation Date: ____/____/____	Church: City/ST:	Confirmation Date: ____/____/____	Church: City/ST:
Occupation:		Occupation:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Marriage Date: ____/____/____ <input type="checkbox"/> Canonical	Name of Church: City/ST:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Eccl. Annul.	

CHILDREN: If additional space is needed, please make another copy. Thank you.

Name(s): <i>(Include Last name if different)</i>	gender	Date of Birth mm/dd/yyyy	Date of Baptism Church City, ST	Date of 1 st Communion Church City, ST	Date of Confirmation Church City, ST	Name of School
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:
		____/____/____ City Born in:	____/____/____	____/____/____	____/____/____	Grade:

❖ Does your family have any Sacramental needs? Baptism Confirmation Marriage Issues Converting to the Faith

PARISH ACTIVITIES, MINISTRIES AND ORGANIZATIONS

“Many hands make light work.”

Consider the following areas in your Catholic experience that you would like to be involved in, and/or have interest in; write in the names of family members that express interest in any of the following Ministries:

LAY MINISTRY FOR MASS

Acolyte _____ Lector/Reader _____
Usher/Greeter _____ Altar Server _____
Eucharistic Ministry for the Homebound _____
Choir, cantor, song leader, pianist, musical instruments _____

In our previous parish, we served in the following Mass Ministries: _____

Our family would prefer **to minister** at the following Masses: *(Circle your preference(s))*

Saturday: 5:00pm Sunday: 8:00am 9:30am 5:00pm

CHRISTIAN FORMATION/ADULT RELIGIOUS EDUCATION

CCD Teacher _____ RCIA Sponsor _____ That Man is You _____
CCD Helper _____ Women’s Faith Groups _____
God-Teens _____ Women of Faith Bible Study _____

ORGANIZATIONS/OUTREACH PROGRAMS

Parish Council of Catholic Women _____ Parish Nurse _____
Knights of Columbus _____ Pro Life _____
St. Vincent de Paul Society _____ Strategic Planning Committee _____
Mary Queen of Angels Prayer Group _____ Bereavement Ministry _____
Senior Fun Club (55+) _____ Parish Library Committee _____
New Parishioners Welcoming Committee _____ Stewardship Committee _____
Parish Council _____ Technology Committee _____
Parish Festival Committee _____

PARISH LIFE

Painter Plumber Carpenter Electrician Grounds Care General Maintenance Computer

Any other areas of interest or talent you would like to share?

Office Use Only: _____ Entered family in database _____ Envelope #
 _____ Welcome Letter sent from Father _____ Envelopes ordered (OSV Portal)
 _____ Registration Information distributed
 _____ Welcome Kit delivered