

**Diocese of Lafayette, Indiana**  
**St. Augusta Catholic Church**  
**Lake Village, IN**

**Parish Registration Form**

A separate registration form should be completed for each of the following:

1. Any single person 21 years of age or older
2. Any married couple with no children under 21 years of age
3. Any married couple or single person with children under 21
4. Any single person under 21 living away from home

Office Use:  
 PRS \_\_\_\_\_  
 CARD \_\_\_\_\_  
 WELC \_\_\_\_\_  
 QA \_\_\_\_\_  
 CC+ \_\_\_\_\_  
 ENV \_\_\_\_\_

Please fill out this section the way you want mail to come from the parish, such as:

Mr. & Mrs. John Smith  
 123 Main Street (P. O. Box 123)  
 Anytown, IN 12345-6789

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Is this address at: (\_\_\_\_) House (\_\_\_\_) Apartment Complex (\_\_\_\_) Nursing Home

Home Phone: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ ( ) Check if Unlisted

Email Address: \_\_\_\_\_

Date Entered Parish: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Would you like envelopes? \_\_\_\_\_

Current Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Widowed \_\_\_Divorced, remarried \_\_\_Single

Marriage: \_\_\_Married in the Catholic Church \_\_\_Married Outside Catholic Church \_\_\_Unsure

Date of Marriage: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Wife's Maiden Name: \_\_\_\_\_

**Parish Ministries Volunteer**

Use the person number from the information page to indicate which person would like to participate in each Ministry.

_____ Ladies' Guild	_____ Reader at Mass	_____ Clean Altar Linens
_____ Bookkeeping	_____ Communion Minister	_____ Church Decorations
_____ Computer Operation	_____ Altar Server	_____ Play the Organ
_____ Food Distribution	_____ Usher	_____ Play the Piano/Other
_____ Help with Coffee & Donuts	_____ Greeter at Mass	_____ Choir Member
		_____ Cantor/Song Leader
_____ Prayer Chain Caller	_____ Teach Religious Education	_____ Prayer Group Leader
_____ Communion to Sick/Shut-In	_____ Substitute Teacher	_____ Prayer Group
_____ Visit Sick/Shut-In	_____ Teacher's Aide	_____ RCIA Coordinator
_____ Send Cards	_____ Fair Church Booth	_____ RCIA Sponsor

	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
LAST NAME :							
FIRST NAME, MIDDLE INITIAL :							
INFORMAL NAME :							
SALUTATION : (Mr., Mrs., Miss, etc.)							
BIRTHDAY :							
RELATIONSHIP : 1-Husband 2-Wife 3-Child Under 21 4-Other							
RELIGION : 1-Catholic 2-Other							
BAPTISM : 1-Baptized 2-Not Baptized 3-Unsure							
BAPTISM DATE : (Month/Year)							
SACRAMENTAL STATUS : 1-Received 1st Communion, but not Confirmed 2-Received 1st Communion and Confirmed 3-Unsure							
RELIGIOUS EDUCATION : 1-Catholic Schools 2-Religious Education 3-Interested in Joining Catholic Church							
MASS ATTENDANCE : 1-Weekly 2-Weekly Plus 3-Monthly 4-Few Times/Year 5-N/A							
DISABILITIES : 1-Vision 2-Hearing 3-Physical 4-Mental Impairment 5-Other							
EMPLOYER OR SCHOOL :							
OCCUPATION OR GRADE :							
HOME PHONE :							
MOBILE PHONE :							