

**St. Jude the Apostle Catholic Parish**  
**St. Jude the Apostle and St. Mary Gate of Heaven Church Communities**  
18737 U.S. Highway 17N Hampstead, NC 28443 Phone: 910-270-2477 FAX: 910-260-1424

**St. Jude the Apostle Registration and its Mission**

**\*IT IS OUR PRACTICE TO EXTEND A WELCOME VISIT TO NEW MEMBERS AND TO DISTRIBUTE PARISH INFORMATION AS WELL AS A WELCOMING GIFT. WOULD YOU ACCEPT A VISIT FROM OUR WELCOMING COMMITTEE? \_\_\_ yes \_\_\_ no**

**\*IT IS ALSO OUR PRACTICE TO PRINT A SHORT BIOGRAPHY OF NEW PARISHIONERS (WITH INFORMATION PROVIDED BY YOU) IN OUR SUNDAY BULLETIN, WOULD YOU BE AGREEABLE TO THIS? \_\_\_ yes \_\_\_ no**

**PLEASE PRINT**

Household (last name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Number of persons at home \_\_\_\_\_

**Are you related to someone in our parish? \_\_\_ Yes, If so, who? \_\_\_\_\_**

**In what why? \_\_\_\_\_**

Office Use Only	
Envelope Number _____	In ACS _____
Date Registered _____ / _____ / _____ <small>Month Day Year</small>	Wel. Ltr. _____
Envelopes Sent _____	Sent to Raleigh _____

Subdivision \_\_\_\_\_

**ADULT IN HOUSEHOLD**

Male     Female    Maiden Name \_\_\_\_\_    Suffix \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last    Title \_\_\_\_\_  
(Ms., Mrs., Mr., Dr., Col., etc.)

Goes by Name (Nickname) \_\_\_\_\_    Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_    Race/Ethnic \_\_\_\_\_

Employed at \_\_\_\_\_    Business Phone (\_\_\_\_) \_\_\_\_\_

Marital Status (circle one)    Married    Single    Widowed    Separated    Divorced

Religion \_\_\_\_\_    Last Parish Affiliation \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_    Last Parish City/State \_\_\_\_\_

Sacraments received:  Baptism \_\_\_\_\_ (  Catholic  Other \_\_\_\_\_ )  
Year

First Reconciliation (Confession) \_\_\_\_\_     First Eucharist \_\_\_\_\_     Confirmation \_\_\_\_\_  
Year Year Year

Marriage (according to Catholic Norms) \_\_\_\_\_  
(Month/Day/Year)

Your parish community also wants to be of service to you. Please let us know if you or your family have any special needs. \_\_\_\_\_

Comments: \_\_\_\_\_

**ADULT IN HOUSEHOLD**

Male     Female    Maiden Name \_\_\_\_\_    Suffix \_\_\_\_\_

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First Middle Last    Title \_\_\_\_\_  
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Race/Ethnic \_\_\_\_\_

Goes by Name (Nickname) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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Year

First Reconciliation (Confession) \_\_\_\_\_  First Eucharist \_\_\_\_\_  Confirmation \_\_\_\_\_  
Year Year Year

School this child is currently attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Is this child currently enrolled in our Youth Faith Formation Program?  Yes  No

Would you like this child to be enrolled in our Youth Faith Formation Program?  Yes  No

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Name \_\_\_\_\_  Male  Female  
First Middle Last

Race/Ethnic \_\_\_\_\_

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Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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