



SAINT PAUL THE APOSTLE
SAINT FRANCIS OF ASSISI
CATHOLIC CHURCH

PARISH REGISTRATION FORM

Welcome to the Parish! Please fill out and return to the main office.

Family Last Name _____ Date _____
 Family Mailing Titles _____ Primary Language _____
(i.e. Mr. & Mrs. John Smith, Ms. Jane Smith, Dr. & Ms. John Smith)
 Address _____ Offertory envelopes? ___ Yes ___ No
 City _____ State ___ Zip _____ Registering for: ___ St Paul ___ St Francis

ADULT MEMBER INFORMATION

Title for Mailing _____ Catholic ___ (Yes/No)
 Name _____ Preferred Name _____
(First Name, Middle Name, Last Name)
 Date of Birth ___ / ___ / ___ Gender MALE / FEMALE Marital Status _____
 Email _____ Occupation _____
 Cell Phone _____ Home Phone _____
 Work Phone _____
 Title for Mailing _____ Catholic ___ (Yes/No)
 Name _____ Preferred Name _____
(First Name, Middle Name, Last Name)
 Date of Birth ___ / ___ / ___ Gender MALE / FEMALE Marital Status _____
 Email _____ Occupation _____
 Cell Phone _____ Home Phone _____

Saint Paul The Apostle would like to have a photo of all our registered parishioners! We hope you will consider providing one for our database. This helps us to better assist you. Please email an electronic photo to info@saintpaulseneca.org with your name. If it would be helpful, we will be happy to take your photo at the Church.

DEPENDENT CHILDREN (AT HOME) INFORMATION

Name _____ Date of Birth ___ / ___ / ___
(First Name, Middle Name, Last Name)
 Gender ___M ___F Baptized ___Y ___N Registering for: ___Children's Formation (K/5) ___Youth Ministry (6/12)
 Name _____ Date of Birth ___ / ___ / ___
(First Name, Middle Name, Last Name)
 Gender ___M ___F Baptized ___Y ___N Registering for: ___Children's Formation (K/5) ___Youth Ministry (6/12)
 Name _____ Date of Birth ___ / ___ / ___
(First Name, Middle Name, Last Name)
 Gender ___M ___F Baptized ___Y ___N Registering for: ___Children's Formation (K/5) ___Youth Ministry (6/12)

MINISTRY PARTICIPATION AND VOLUNTEER OPPORTUNITIES

In a family, please indicate which person is volunteering.

LITURGICAL MINISTRY

Columbarium CCA _____
Altar Server _____
Homebound _____
 Eucharistic Minister _____
Lector _____
Usher/Greeter _____
Sacristy Linens _____
Sacristy Candles _____

MUSIC MINISTRY

Adult Choir _____
Cantor _____
Pianist _____
Organist _____
Instrumentalist (*Specify*) _____

PRAYER MINISTRY

Prayer Shawl _____
Prayer Chain _____

PARISH STEWARDSHIP MINISTRY

Columbarium CCA _____
Parish Facilities Cmte _____
Finance Council _____
Pastoral Council _____
Collection Counter _____

SUPPORT, SERVICE, AND SOCIAL GROUPS

Grief Support _____
Men's Bible Study _____
How to be _____
 a Catholic Man _____
Women's Fellowship _____

CHILDREN'S FAITH FORMATION

Children's Liturgy of the Word _____
Sunday Morning Catechist _____
Sunday Morning Assistant _____
Children's Fellowship Events _____

YOUTH MINISTRY 6TH-12TH GRADES (YM)

Middle School/High School YM _____
Confirmation Team _____
Meal Coordinating Team _____

ADULT FAITH FORMATION (AFF)

Adult Faith Formation Classes _____
Men's Formation/Fellowship _____

CHRISTIAN INITIATION OF ADULTS

Becoming Catholic _____
Volunteer as a Sponsor _____

HISPANIC MINISTRIES

Guadalupe Committee _____
 Mañanitas, Novena, Guadalupe Mass _____
Hispanic Committee _____
Rosary Group _____
Hispanic Adult Faith Formation _____

SOCIAL OUTREACH MINISTRIES

Social Outreach Committee _____
Benevolence Ministry _____
Education Assistance (GED) _____
Immigration Assistance _____
Respect Life Ministry _____
Senior Companion _____

The Diocese of Charleston requires all employees and volunteers who have access to minors and/or vulnerable adults while serving in organizations and/or programs sponsored by or endorsed by local parishes and/or schools to have a background check preformed and complete two Safe Haven courses (Course titles: *It's Up to You & Vulnerable Adults*).

OTHER/COMMENTS

