

# PARISHIONER REGISTRATION

# SAINT JUDE THE APOSTLE CATHOLIC CHURCH

7171 Glenridge Dr. Sandy Springs, GA 30328

770.394.3896 / [www.stjudeatlanta.net](http://www.stjudeatlanta.net)

(Please print clearly) Your information will be kept confidential.

Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Other \_\_\_\_\_ Today's Date \_\_\_\_\_

|                           |                      |       |                          |      |
|---------------------------|----------------------|-------|--------------------------|------|
| Family Name:              | Home / Primary Phone |       | Preferred email address: |      |
| Street Address:           | Unit. #              | City: | State:                   | Zip: |
| Prior Parish Affiliation: |                      | City: | State:                   |      |

## MEMBER(S) IN HOUSEHOLD

| First Name, Middle Initial<br>(& Last if different from above) | Gender<br>(Circle) | Birth<br>Date     | Marital<br>Status* | Church(when<br>Married & Date) | Convert<br>(Circle) | Religion<br>(If not Catholic) | Baptism<br>(Church & Approximate Date for each if known) | 1st Comm. | Confirm. |
|--|--------------------|-------------------|--------------------|--------------------------------|---------------------|-------------------------------|--|-----------|----------|
| 1.Name:  | M F                | Head of Household |                    |                                | Yes No              |                               |  |           |          |
| Prefer to be called:   |                    | / /               |                    | / /                            |                     |                               | / /  | / /       | / /      |
| 2.Name:  | M F                | Spouse            |                    |                                | Yes No              |                               |  |           |          |
| Prefer to be called:   |                    | / /               |                    | / /                            |                     |                               | / /  | / /       | / /      |

| Children's (or others) First Name, M.I.<br>(& Last Name if different from Family Name) | Gender<br>(Circle) | Relationship<br>(Birth date) | Primary<br>Language | Grade &<br>School | Religion<br>(If not Catholic) | Baptism<br>(Church & Approximate Date for each if known) | 1st Comm. | Confirm. |
|--|--------------------|------------------------------|---------------------|-------------------|-------------------------------|--|-----------|----------|
| 3.Eldest or Other:   | M F                |                              |                     |                   |                               |  |           |          |
| Prefer to be called:   |                    | / /                          |                     |                   |                               | / /  | / /       | / /      |
| 4.Next:  | M F                |                              |                     |                   |                               |  |           |          |
| Prefer to be called:   |                    | / /                          |                     |                   |                               | / /  | / /       | / /      |
| 5.Next:  | M F                |                              |                     |                   |                               |  |           |          |
| Prefer to be called:   |                    | / /                          |                     |                   |                               | / /  | / /       | / /      |

Note: For additional family members or notes please continue on another form.

## CONTACT INFORMATION

|                                |                                 |        |             |                        |
|--------------------------------|---------------------------------|--------|-------------|------------------------|
| Employer<br>Head of Household: | Maiden Name<br>(if appropriate) | Phone: | Cell Phone: | Country<br>of Origin:  |
| Occupation:                    |                                 | Email: |             | Language<br>(Primary): |
| Employer<br>Spouse:            | Maiden Name<br>(if appropriate) | Phone: | Cell Phone: | Country<br>of Origin:  |
| Occupation:                    |                                 | Email: |             | Language<br>(Primary): |

**Special Needs:** Please list on this form any handicap or special assistance you or a family member may need and include their name and the number found next to their name.

\***Marital Status:** M=Married, S=Single, D=Divorced, W=Widowed

Thank you for taking the time to fill out this form. We are blessed to have you as a part of our Catholic Community.

Please return this form by mail, fax or drop it by the parish office.

# USE YOUR TIME & TALENTS TO HELP BUILD HIS KINGDOM!

Please check any of the following ministries in which you or a family member may wish to serve. If you have an interest in a Ministry not provided, please indicate below.

## ADMINISTRATION

Front Office Volunteer Ministry

## PARISH LIFE MINISTRIES

Ava Maria Shop  
Marriage Ministry  
Loaves and Fishes  
Young Adult Ministry  
Garden Club  
Men's Club  
Women of Saint Jude  
Ladies of the Evening Circle  
Elder Care Ministry  
Ultreya/Cursillo Support Group  
Ministry to Persons with Disabilities  
Welcoming Ministry  
M-Cats  
Helping Hands (Funeral Ministry)  
Annulment Case Sponsor Program  
Natural Family Planning

## EDUCATION MINISTRIES

Elementary Religious Education  
Catechesis of the Good Shepherd  
SPRED (Special Religious Education)  
EDGE – Middle School  
Life Teen – Confirmation Prep

St. Jude School  
Why Catholic?  
Christian Initiation (RCIA)  
Adult Faith Formation

## YOUNG FAMILIES MINISTRIES

Nursery  
St Teresa's Circle  
Cub Scouts  
Boy Scouts  
Jaguar Sports Association (JSA)  
St. Jude Preschool

## OUTREACH MINISTRIES

Community Action Center (CAC)  
Christ Child Society of Atlanta  
Atlantans Building Leadership for Empowerment (ABLE)  
English as a Second Language(ESL)  
Interfaith Outreach Home  
Night Shelters  
Post Abortion Treatment & Healing (PATH)  
Respect Life  
Saint Vincent De Paul  
Inactive Catholics/ A Second Look  
Separated, Divorced & Widowed Support Group

Conversational Spanish Language(CSL)  
PAX Christi St. Jude

## LITURGICAL MINISTRIES

The Liturgy Committee  
Eucharistic Adoration  
Altar Servers  
Art and Environment  
Baptismal Preparation  
Elijah Cup  
Eucharistic Ministers  
Ministers to the Sick  
Lectors  
Sacristans  
Ushers  
Wednesday Rosary  
Wedding Coordinators  
Nocturnal Adoration Society  
Divine Mercy  
Music Ministry  
Life Teen Band

*"As each one has received a gift, use it to serve one another as good stewards of God's varied grace... so that in all things God may be glorified through Jesus Christ, to whom belong glory and dominion forever and ever. Amen."* 1 Peter 4:10-11

## TALENT BANK (TO BE CONTACTED AS NEEDED)

Accountant / CPA  
Archivist  
Artist & Fabricator  
Attorney / Legal Aide  
Builder / Contractor  
Bulletin / Newsletter Editor  
Communicator / Publicist  
Cook / Chef for Special Events  
Engineer  
Graphics Designer  
IT Expertise, Support & Data Entry  
Library Aide  
Nutritionist  
Office Volunteers (Filing/Stuffing)  
Photographer / Videographer  
Proofreader  
Sewing  
Telephone assist for Special Events  
Writer / Interviewer

## Other

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