

REGISTRATION FOR ST. LUCY PARISH

FIRST NAME(S): _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Phone: _____ Date of Birth: _____ Religion: _____

Occupation: _____ Email: _____

SPOUSE:

FIRST NAME(S): _____ LAST NAME: _____

Phone: _____ Date of Birth: _____ Religion: _____

Occupation: _____ Email: _____

All registered parishioners will receive donation envelopes bi-monthly.

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We wish to involve as many members as possible in active and meaningful service to the community.

If you would be interested in the following ministry, check the box to signify yes:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Choir | <input type="checkbox"/> Catechetics | <input type="checkbox"/> Youth Group | <input type="checkbox"/> Bible Study |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Young Adult Group | <input type="checkbox"/> Church Decorations |
| <input type="checkbox"/> Greeter before Mass | <input type="checkbox"/> Outreach to the Poor | <input type="checkbox"/> RCIA Sponsor | |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Visiting the Sick | <input type="checkbox"/> Altar Society | |
| <input type="checkbox"/> Usher | | | |

OFFICE USE: Registration Posted: _____ Env. # _____ Welcome Letter Sent: _____ Registration Form Rec'd: _____