

# ASSUMPTION OF THE BLESSED VIRGIN MARY PARISH

## HOUSEHOLD INFORMATION

Last Name:

First Name:

Date of birth:

Home Phone:

Current address:

Mobile Phone:

City:

State:

ZIP Code:

How long Have you been attending ABVM?  New in the last 3 months  under 1 Year  1-3 Years  5-7 Years  7-10 Years  
(Check one)  1-15 years  15-20 years  20-30 years  over 30 years

## FAMILY INFORMATION (AS APPLICABLE)

Spouse's Name

Spouse's Religious Affiliation  Roman Catholic  Non-Catholic Christian  Eastern Orthodox  Mormon  Jewish  Muslim  Hindu  
 Other (please indicate)  None

Email:

Mobile:

1.Child Name

Date of Birth

5.Child Name

2.Child Name

Date of Birth

Date of Birth

3.Child Name

Date of Birth

6.Child Name

4.Child Name

Date of Birth

Date of Birth

## EMERGENCY CONTACT

If you or family members participate in activities and there is an emergency, whom should we contact? (This is especially necessary for children and youth)

Primary Name

Phone:

Secondary Name

Phone:

Relationship:

## PLEASE INDICATE MINISTRIES OR PARISH INTERESTS

I am currently trained and serve in:

Eucharistic Ministry  Home Visitation  Catechist  Reader  Cantor  Minister of Ceremonies  Altar Server  Altar Guild  
 Social Justice  Safe Environment  Other (please list) \_\_\_\_\_

Name(s) of those interested: \_\_\_\_\_

I am interested in participating in:

Eucharistic Ministry  Home Visitation  Catechist  Reader  Cantor  Minister of Ceremonies  Altar Server  Altar Guild  
 Social Justice  Safe Environment  Other (please list) \_\_\_\_\_

Name(s) of those interested: \_\_\_\_\_

## FAITH FORMATION AND SACRAMENTAL LIFE

Do you or a member of your household desire sacramental preparation or faith formation? If so please indicate below.

<input type="checkbox"/> Baptism Name	<input type="checkbox"/> Marriage Preparation	<input type="checkbox"/> Returning to the Faith
<input type="checkbox"/> Eucharist Name	<input type="checkbox"/> Anointing of the Sick	<input type="checkbox"/> Scripture Study
<input type="checkbox"/> Confirmation Name	<input type="checkbox"/> RCIA	<input type="checkbox"/> Prayer and Spirituality

## PASTORAL CARE

Is there someone in your household that may desire pastoral support?

Home Bound Visit  Annulment  Pastoral Counseling  Bereavement

Whom should we contact for follow up?

Please indicate if you or someone in your family has special needs:

Mobility  Deafness  Vision  
 Autism Spectrum  Gluten Intolerance

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