

Saint Julie Billiard Parish

Date ____/____/____ (For Office Use Only)

Envelope Number _____

INSTRUCTIONS: 1) Please print 2) Fill in as completely as possible 3) Return to Parish Office by mail, collection basket, in person, or by email: stjbc@windstream.net

The information provided by you on this form is used by the staff of Saint Julie's Parish to serve you better. All information is kept confidential. If you have any comments, please add them to the reverse side of this sheet. If you have any questions, please feel free to call Saint Julie's Parish Office at 440-327-1978.

Family Last Name		Are you registered at another church? <input type="checkbox"/> Yes <input type="checkbox"/> No Parish: _____		
Primary Residence Street Address		Seasonal Residence Date ____/____/____ to ____/____/____ Street Address		
City	Zip	City	Zip	
Home Phone () ____--____				
HEAD OF HOUSEHOLD		SPOUSE		
Name	Maiden Name	Name	Maiden Name	
Date of Birth ____/____/____	Cell Phone () ____--____	Date of Birth ____/____/____	Cell Phone () ____--____	
E-Mail Address		E-Mail Address		
Education Completed <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Technical Field of Study:		Education Completed <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Technical Field of Study:		
Employer Name: Position/Type of Work: <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed		Employer Name: Position/Type of Work: <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed		
Religion	Denomination _____			
	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Convert <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Convert <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in becoming Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in becoming Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Date ____/____/____ Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Date ____/____/____		Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Date ____/____/____ Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Date ____/____/____		
Were you married by a Priest? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you married by a Priest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Church _____		Name of Church _____		

OTHER FAMILY MEMBERS (UNDER 25 AND LIVING WITH YOU)					
First name (and last if different from family name)	Birth Date	Baptized	First Communion	Confirmation	Present School/Grade or Employer
1	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Please identify any special ministry need in your household: (e.g., marriage validation, annulment, nursing home patient, homebound person, special needs person, etc.)</p>	<p>Which ministries were you or your household members involved in at your previous parish?</p>
<p>Please identify any ministries you or your household members would have an interest in at Saint Julie's (e.g., Choir, Lector, Eucharistic Minister, Usher, PSR Teacher, etc.)</p>	<p>Do any of your relatives and/or friends belong to our Cluster parish? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;"><input type="checkbox"/> St. Peter Parish, North Ridgeville</p>
	<p>Do you know anyone wishing to join the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like someone from Saint Julie's to contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of the Person: _____</p> <p>Phone: _____</p> <p>May we give your name as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

TELL US A LITTLE ABOUT YOURSELF

What are some of your interests/hobbies?

What are some of your personal skills? (e.g., yard work, construction, home repair, computer applications, etc.)

What are you involved in at work/school that could be offered in our parish?

What made you decide to join Saint Julie's Parish? (e.g., proximity to home, friendliness of parishioners, etc.)

Additional Comments

THANK YOU FOR YOUR INPUT ~~~ WELCOME TO SAINT JULIE BILLIART PARISH

St. Julie Billiart Catholic Church

5545 Opal Drive – Administration Building

5500 Lear Nagle Road – Church

North Ridgeville, Ohio 44039

440-327-1978

Dear New Parishioner,

We are pleased that you have decided to register with St. Julie Billiart Catholic Church and would like to take this opportunity to thank you for being a member of our parish. Hopefully you will find that St. Julie's liturgies and sacraments meet your needs.

We would like to encourage you to take an active role in the various ministries and programs that we offer, or in which you might have an interest. Some of the areas that may be of interest to you might include becoming a Lector or Eucharistic Minister, joining our Music Ministry either vocally or instrumentally, serving on one of our commissions, offering to teach in our Parish School of Religion, to name just a few.

Once you have completed the registration form and then return it to us at the following postal address:

St. Julie Billiart Church
New Member Registration
5545 Opal Drive
North Ridgeville, OH 44039

The completed form can also be faxed to 440-327-1994, brought to the office, emailed to stjbc@windstream.net, or placed in the weekly collection basket marked ... New Parishioner Registration.

Once received and processed, contribution envelopes will be sent to you for your convenience. As you can imagine, we incur many expenses in running our parish, so please be as generous as you can in your support.

Again, I am pleased that you have chosen to be part of St. Julie's parish family and look forward to your active participation.

Sincerely,

Fr. George

Rev. George A. Vrabel
Pastor