Saint Julie Billiart 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? □ Yes □ 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 ( ) \_\_\_\_\_--\_\_\_\_\_  E-Mail Address | | | | | Date of Birth \_\_\_\_/\_\_\_\_ /\_\_\_\_ Cell Phone ( ) \_\_\_\_\_--\_\_\_\_\_\_  E-Mail Address | | | | | |
| Education Completed  □ High School □ College □ Technical Field of Study: | | | | | Education Completed  □ High School □ College □ Technical Field of Study: | | | | | |
| Employer Name:    Position/Type of Work:  □ Retired □ Self-Employed □ Unemployed | | | | | Employer Name:    Position/Type of Work:  □ Retired □ Self-Employed □ Unemployed | | | | | |
| Religion Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Baptized □ Yes □ No  First Communion □ Yes □ No  Confirmation □ Yes □ No  Convert □ Yes □ No    Are you interested in becoming Catholic? □ Yes □ No | | | | | Religion Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Baptized □ Yes □ No  First Communion □ Yes □ No  Confirmation □ Yes □ No  Convert □ Yes □ No    Are you interested in becoming Catholic? □ Yes □ No | | | | | |
| Marital Status  Single □  Married □ Date \_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_  Separated □  Divorced □  Widowed □ Date \_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_    Were you married by a Priest? □ Yes □ No  Name of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Marital Status  Single □  Married □ Date \_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_  Separated □  Divorced □  Widowed □ Date \_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_    Were you married by a Priest? □ Yes □ No    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 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |
| 2 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |
| 3 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |
| 4 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |
| 5 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |
| 6 | | \_\_\_/\_\_\_\_/\_\_\_ | | □ Yes □ No | | □ Yes □ No | □ Yes □ No | |  | |

|  |  |
| --- | --- |
| Please identify any special ministry need in your household: (e.g., marriage validation, annulment, nursing home patient, homebound person, special needs person, etc.) | Which ministries were you or your household members involved in at your previous parish? |
| 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.) | Do any of your relatives and/or friends belong to our Cluster parish? □ Yes □ No  □ St. Peter Parish, North Ridgeville |
| Do you know anyone wishing to join the Catholic Church?  □ Yes □ No  Would you like someone from Saint Julie’s to contact them?  □ Yes □ No  Name of the Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    May we give your name as a reference? □ Yes □ No |
| 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](mailto: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