St. Joseph Church

8420 Belair Road
Baltimore, MD 21236

CONFIDENTIAL – For Church Use Only

FOR MAILING PURPOSES **Family Name:** _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____	**Phone:** _____ **Email:** _____ **St. Joseph School Family?** Yes ☐ No ☐ **Do you wish to receive envelopes?** Yes ☐ No ☐
Please circle one: Male ☐ Female ☐ **Name**: _____ **Sacraments Received** (Please check) *Baptism* *First Eucharist* *Confirmation* ☐ ☐ ☐	**D.O.B.** _____ **Religion:** _____ **Marital Status:** _____ **Occupation:** _____
Please circle one: Male ☐ Female ☐ **Name**: _____ **Sacraments Received** (Please check) *Baptism* *First Eucharist* *Confirmation* ☐ ☐ ☐	**D.O.B.** _____ **Religion:** _____ **Marital Status:** _____ **Occupation:** _____

Children: First & Last Name	D.O.B.	Sex M/F	Baptism Y/N	Eucharist Y/N	Confirmed Y/N	School attending
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Others in house:						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please return to Connie Savage at csavage@stjoefullerton.org
or drop off at the Parish Office