

CHURCH OF SEVEN DOLORS

Albany, Minnesota 56307

Last Name: _____ Date: _____

	Name: <u>LEGAL First & Middle</u>	Birth Date mm/dd/yyyy	Religion	Church of Baptism	1st Communion ✓	Confirmation ✓	
Adult Members of the Household							
Children (under 18) List last Name if different							Grade

Mailing Address: _____ City _____ Zip _____

911 Rural or Street Address (if different from Mailing Address) _____

Home Telephone # _____

Adult/Name _____ Cell Phone # _____ e-mail address _____ Place of Employment & Occupation _____ _____ Work Phone/Emergency # _____	Adult/Name _____ Cell Phone # _____ e-mail address _____ Place of Employment & Occupation _____ _____ Work Phone/Emergency # _____
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Marital Status: Married* _____ Single _____ Widow or Widower _____ Divorced _____

* If Married / Date of Marriage: _____ * Maiden Name: _____

Parish Use Only	Donation Envelope # _____	Computer Database _____
Welcome Committee _____	Direct Deposit _____	Funeral Group # _____

Please check organizations & ministries you and your family may be interested in.

- Parish Organizations:**
- _____ Parish Council Candidate
 - _____ Liturgy Committee Candidate
 - _____ Christian Mothers / Women
 - _____ St. Joseph's or St. Ann's Society
 - _____ Knights of Columbus
 - _____ Parish Bazaar Quilters
 - _____ Parish Mission Groups
 - _____ Home & School Association
 - _____ Holy Family School Volunteer

- Mass Ministries:**
- _____ Usher / Greeter
 - _____ Lector
 - _____ Gift Bearer
 - _____ Eucharistic Minister
 - _____ Mass Server
 - _____ Sacristan
- If you Volunteer for Mass Ministries which Mass/Masses do you usually attend?
- Saturday 5:00 P.M. _____
 - Sunday 7:30 A.M. _____
 - Sunday 10:30 A.M. _____
 - Holy Day's _____

- Volunteer Ministries:**
- _____ Parish Choir
 - _____ Funeral Choir
 - _____ Youth Choir
 - _____ Song Leader or Cantor
 - _____ Organist or Instrumentalist
 - _____ Faith Formation Volunteer
 - _____ Decorating Committee
 - _____ Mother Seton Store
 - _____ Mother of Mercy
 - _____ Nursing Home Volunteer
 - _____ Parish Nursing Volunteer
 - _____ Welcoming Committee
 - _____ Other Talent or Service