

ST. MICHAEL PARISH

A proud past.....a faith-filled future

Founded as a Mission: 1848

Established as a Parish: 1875

Parish Offices Located at 1021 Boundary Street SE, Olympia

Mailing Address: PO Box 766, Olympia, WA 98507-0766

Office Hours: Monday-Friday, 9am-5pm

(360) 754-4667 www.SaintMichaelParish.org

E-mail: Office@SaintMichaelParish.org

PARISH REGISTRATION FORM

On behalf of the pastor, staff and parishioners of St. Michael Parish—Welcome! We are an active and growing parish. Although we are a large faith community, we strive to always cherish and value the gift of each parishioner.

To be an active parishioner, we invite you to do two things:

1. Find a place in our parish that nurtures and serves you in your faith development and
2. Find a way to serve others in our parish, through the sharing of your time, talent and treasure.

It is by being served and serving others, that you will become part of the community and find your faith alive and growing.

Please complete the following information to register with St. Michael Parish. This information allows us to know more about those in our parish community – thereby allowing us to be of greater service to you. Simply fill out the form and return it by mail to the address above, drop it in the collection basket on Sunday, or come by and see us in the Parish Office!

Thank you for your time and for your interest in joining our parish family!

How would you like your household mail addressed?	<i>(example – Mary & John Smith, Mr. & Mrs. John Smith, John Smith & Mary Doe; John Smith; Ms. Mary Doe)</i>		
Street Address (Include Apt. #)			
City:		Zip:	
Mailing Address (If different than above)			
City:		Zip:	
Home Telephone:	()	Unlisted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address:			

In order to help us serve you better, please complete the following:

1. Is there anyone in your home that is unable to go to Mass due to a physical infirmity and needs transportation to Mass? Yes No
If "Yes", please write the name of the family member: _____
2. Is there anyone in your home that is unable to go to Mass due to a physical infirmity who would like to receive Communion at home? Yes No
If "Yes", please write the name of the family member: _____
3. If you were married outside of the Catholic Church, would you like to talk to someone about getting your marriage blessed in the Catholic Church? Yes No
4. Is there anyone in your home who would like to receive information about becoming Catholic?
 Yes No If yes, please write the name of the family member: _____
5. Is there anyone in your home who would like to receive information about St. Michael School?
 Yes No _____
6. Is there anyone in your home who would like to receive information about religious education classes? Yes No _____

There are many opportunities at St. Michael to become involved, meet new people, and expand our Catholic Community. Many ministries are outlined in the **Time & Talent Opportunities Booklet** you will receive in your welcome packet after registering.



INDIVIDUAL MEMBER INFORMATION

First & Middle Name		
Nickname		
Last Name		
Relationship to you (*see options below)	Self	Spouse
Highest Grade Completed (Students, please list grade as of Sept. of current school year)		
Gender	(Male) (Female)	(Male) (Female)
Marital Status (**see options below)	(1) (2) (3) (4) (5) (6) (7)	(1) (2) (3) (4) (5) (6) (7)
Date of Birth	/ / MM / DD / YYYY	/ / MM / DD / YYYY
Language – Primarily Spoken (choose one)	<input type="checkbox"/> English <input type="checkbox"/> Other - _____	<input type="checkbox"/> English <input type="checkbox"/> Other- _____
Primary Ethnic/Racial Identification (**** see options below)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____
Which Mass do you primarily attend? (*** see options below)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)
Occupation (if primarily in school, write "STUDENT")		
Employer (or name of School)		
Work Phone & Extension	()	()

SACRAMENTAL RECORD INFORMATION

Baptism	(Yes) (No)	(Yes) (No)
First Reconciliation	(Yes) (No)	(Yes) (No)
First Eucharist	(Yes) (No)	(Yes) (No)
Confirmation	(Yes) (No)	(Yes) (No)
Marriage Date	/ / MM / DD / YYYY	/ / MM / DD / YYYY

- | | |
|--|--|
| <p>*Relationship to You options:</p> <ul style="list-style-type: none"> (1) Child (2) Parent (3) Parent-in-Law (4) Other (please specify) | <p>**Marital Status options:</p> <ul style="list-style-type: none"> (1) Single (2) Catholic Marriage (3) Other Marriage (4) Widowed (5) Separated (6) Divorced (7) Sister, Brother, Priest |
|--|--|

(Please list all children living at home, beginning with the eldest.)

(1) (2) (3) (4)	(1) (2) (3) (4)	(1) (2) (3) (4)	(1) (2) (3) (4)
(Male) (Female)	(Male) (Female)	(Male) (Female)	(Male) (Female)
(1) (2) (3) (4) (5) (6) (7)	(1) (2) (3) (4) (5) (6) (7)	(1) (2) (3) (4) (5) (6) (7)	(1) (2) (3) (4) (5) (6) (7)
/ / MM / DD / YYYY	/ / MM / DD / YYYY	/ / MM / DD / YYYY	/ / MM / DD / YYYY
<input type="checkbox"/> English <input type="checkbox"/> Other- _____	<input type="checkbox"/> English <input type="checkbox"/> Other- _____	<input type="checkbox"/> English <input type="checkbox"/> Other- _____	<input type="checkbox"/> English <input type="checkbox"/> Other- _____
(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)
<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other- _____	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other - _____	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other - _____
(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)	(1) (2) (3) (4) (5) (6) (7) (8)
()	()	()	()
(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)
(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)
(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)
(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)
/ / MM / DD / YYYY	/ / MM / DD / YYYY	/ / MM / DD / YYYY	/ / MM / DD / YYYY

*****Mass Time options:**

- | | |
|-----------------------------------|---|
| (1) 5:00 PM Saturday,
Downtown | (5) Life Teen 5:00 PM
Sunday, Downtown |
| (2) 7:30 AM Sunday,
Downtown | (6) 8:30 AM Sunday,
Westside |
| (3) 9:30 AM Sunday,
Downtown | (7) 10:30 AM Sunday,
Westside |
| (4) 11:30 AM Sunday,
Downtown | (8) Vietnamese Mass 3:00 PM,
Westside, First and Third
Sundays of the month |

******Primary Ethnic/Racial Identification options**

- (1) White/Caucasian
- (2) Vietnamese
- (3) Filipino
- (4) Hispanic/Latino/Spanish
- (5) Black/African American
- (6) Native American/Indian
- (7) Asian – other (please specify)
- (8) Other (please specify)

**The Mission of St. Michael Catholic
Community is to . . .**

**Place God First in All Things
Proclaim the Gospel of Jesus Christ
Grow in Holiness Through Prayer,
Sacraments and Service.**

At St. Michael, the values important to
us in carrying out our Mission are
Faith > Witness & Evangelization
Community > Love > Stewardship

FOR OFFICE USE ONLY:

Family ID/Env. #: _____

Remarks: _____

Date Entered: _____

Revised 1/2007