

Good Shepherd Parish
P.O. Box, Vineyard Haven, MA 02568
Parish Registration Form

Family Last Name:

Island Mailing Address: PO Box # or Street & #
Town/State/Zip

Island Address: Street & #
Town

Off Island Address: PO Box# or Street & #
Town/State/Zip

From ____/____/____ To ____/____/____

Primary Phone

Emergency Phone:

E-mail Address:

First Language:

Circle One: Married Single Widowed Divorced Separated

First Name:

Middle Name:

Maiden Name:

Religion:

Date of Birth:

Gender: M F

Occupation:

Cell Phone:

Special Needs: yes/no (explain) _____

Baptized: Yes___ No___

First Communion: Yes___No___

Confirmation: Yes___No___

Marriage: Yes___No___ Catholic/Civil/Other _____

First Name: Middle: Maiden Name:

Religion: Date of Birth: Gender: M F

Occupation: Cell Phone:

Baptized: Yes___No___

First Communion: Yes___No___ Confirmation: Yes___No___

Marriage: Yes ___No___ Catholic/Civil/Other:_____

Name of Children Living at Home (New Born to Twelfth Grade):

First Name: Middle Name:

Date of Birth: Gender: M F

Religion: Baptism Date & Place: _____

First Communion: Yes___No___ Confirmation: Yes___No___

First Name: Middle Name:

Date of Birth: Gender: M F

Religion: Baptism Date & Place: _____

First Communion: Yes___No___ Confirmation: Yes___No___

First Name: Middle Name:

Date of Birth: Gender: M F

Religion: Baptism Date & Place: _____

First Communion: Yes___No___ Confirmation: Yes___No___

Circle Ministries you would like to be involved in:

Lector, Eucharistic Minister, Religious Education Teacher/helper, Music Ministry,
Shawl Ministry, St. Vincent de Paul, Altar Guild, Parish Planning, Baptism Garments,
Adult Formation, Visit the Sick, Usher/Greeter, Fundraising, Photography
