



Church of Saint Benedict

New Member Registration

Date: _____ Mass Preference: 8:00am Sunday _____ 10:30am Sunday _____

MALE:

Last Name _____ First Name _____ Middle _____ Birthdate _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Cell Phone _____ Work Phone _____ email address _____

Denomination _____ Baptized: Yes / No Confirmed: Yes / No Marital Status: M S D W Separated

Date of Marriage _____ Place _____ Where _____ By Priest? Yes / No

Occupation _____ Place of Work _____ Work Phone _____

Permission to Publish Address? Yes / No

FEMALE:

Last Name _____ First Name _____ Middle _____ Birthdate _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Cell Phone _____ Maiden Name _____ email address _____

Denomination _____ Baptized: Yes / No Confirmed: Yes / No Marital Status: M S D W Separated

Date of Marriage _____ Place _____ By Priest? Yes / No

Occupation _____ Place of Work _____ Work Phone _____

Permission to Publish Address? Yes / No

CHILDREN:

First Name	Middle	Last	M / F	Birthdate	Living at home?	Baptized? date	1st Communion? date	Confirmed? date
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Would you like to receive the Central MN Catholic magazine? Yes / No

FOR OFFICE USE Envelope # _____ Funeral Lunch Group # _____ Census _____ New Member Packet _____ Central MN Catholic _____

Photo _____ Electronic Giving Form _____ Add to Festival Volunteer List _____ Stewardship form _____

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We are a people of God: Welcoming, Proclaiming, Celebrating & Serving One Another