

Date: _____
 *Received: _____
 *(For Office Use Only)

St. Michael the Archangel Catholic Church
PARISH REGISTRATION FORM
 9101 S. 78TH STREET, LINCOLN, NE 68516
 402-488-1313

Return completed form: to stmichaelchurch@cdolinc.net, mail 'ATTN: Parish Office', or drop in collection basket.

To help parishioners & the priests get to know each other, please send a jpeg. formatted family photo to: stmichaelparish_krism@yahoo.com to be included in our online parish directory. Once you're a registered parishioner go to: lincoln.parishsoftfamilysuite.com/Register.aspx to setup your family login.

Last Name: _____ Primary Phone: _____
 Address: _____ City, State, Zip: _____

HEAD OF HOUSEHOLD:

MALE		FEMALE	
First and Middle Name:		First and Middle Name:	
Nickname:		Nickname:	
-----		Maiden Name:	
DOB and City, ST born in:		DOB and City, ST born in:	
Religion:		Religion:	
Baptism Date: ___/___/___	Church: City/ST:	Baptism Date: ___/___/___	Church: City/ST:
1 st Communion Date: ___/___/___	Church: City/ST:	1 st Communion Date: ___/___/___	Church: City/ST:
Confirmation Date: ___/___/___	Church: City/ST:	Confirmation Date: ___/___/___	Church: City/ST:
Occupation:		Occupation:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Marriage Date: ___/___/___ <input type="checkbox"/> Canonical	Name of Church: City/ST:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Eccl. Annul.	

CHILDREN: If additional space is needed, please make another copy. Thank you.

Name(s): First and Middle <i>(Include Last name if different)</i>	Gender	Date of Birth <i>mm/dd/yyyy</i>	Date of Baptism Church City, ST	Date of 1 st Communion Church City, ST	Date of Confirmation Church City, ST	Name of School
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:
		___/___/___ City Born in:	___/___/___	___/___/___	___/___/___	Grade:

❖ Does your family have any Sacramental needs? Baptism Confirmation Marriage Issues Converting to the Faith

PARISH ACTIVITIES, MINISTRIES AND ORGANIZATIONS

“Many hands make light work.”

What areas you would like to be involved in, and/or have interest in; write in the names of family members that express interest in any of the following Ministries:

LAY MINISTRY FOR MASS

Acolyte _____ Lector/Reader _____
Usher/Greeter _____ Altar Server _____
Eucharistic Ministry for the Homebound _____
Choir, cantor, song leader, pianist, musical instruments _____

In our previous parish, we served in the following Mass Ministries: _____

Our family would prefer to minister at the following Masses: (Circle your preference(s))

Saturday: 5:00pm Sunday: 8:00am 9:30am 11:10am

CHRISTIAN FORMATION/ADULT RELIGIOUS EDUCATION

CCD Teacher _____ RCIA Sponsor _____ That Man is You _____
CCD Helper _____ Women’s Faith Groups _____
God-Teens _____ Women of Faith Bible Study _____

ORGANIZATIONS/OUTREACH PROGRAMS

Parish Council of Catholic Women _____ Parish Nurse _____
Knights of Columbus _____ Pro Life _____
St. Vincent de Paul Society _____ Strategic Planning Committee _____
Mary Queen of Angels Prayer Group _____ Bereavement Ministry _____
Senior Fun Club (55+) _____ Parish Library Committee _____
New Parishioners Welcoming Committee _____ Stewardship Committee _____
Parish Council _____ Technology Committee _____
Parish Festival Committee _____

PARISH LIFE

Painter Plumber Carpenter Electrician Grounds Care General Maintenance Computer

Any other areas of interest or talent you would like to share?

Office Use Only: Entered family in database Envelope #
Welcome Letter sent from Father Envelopes ordered (OSV Portal)
Registration Information distributed
Welcome Kit delivered