



Church of the Assumption

Our Joyful and Glorious Refuge

Believe, Belong & Be Inspired!

Office Use Only
Date: / /
ID/Env :

*The information you provide will not be shared, and will only be used by the parish clergy and specific staff.
Welcome to our parish! We thank you for your continued membership and support!*

Parishioner Registration Form <input type="checkbox"/> New or <input type="checkbox"/> Update	
<input type="checkbox"/> First time joining a parish <input type="checkbox"/> Transferring from _____	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Street Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, ST:	ZIP: _____ E-mail: _____
Mass time you regularly attend: <input type="checkbox"/> Sat Vigil Sun: <input type="checkbox"/> 8:15am <input type="checkbox"/> 10:45am <input type="checkbox"/> Flexible	
Home phone: _____	Cell: _____ Date of birth (mm/dd/yyyy): _____
Social Media (Check all those that apply): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Other _____ <input type="checkbox"/> None	
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> No, but interested about RCIA	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> No, but interested about RCIA
Catholic education: <input type="checkbox"/> No <input type="checkbox"/> Yes Elementary: _____	High School: _____ College: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Married: Date _____ <input type="checkbox"/> Church & City _____ or <input type="checkbox"/> Civil	
Do you have children aged 3-17? <input type="checkbox"/> No <input type="checkbox"/> Yes and number of children: _____	
If yes, are they registered for Religious Ed (CCD)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please send me information about <input type="checkbox"/> Religious Ed (CCD) and <input type="checkbox"/> Assumption School	
May we welcome you in the parish bulletin, website and forms of social media? <input type="checkbox"/> Yes <input type="checkbox"/> Prefer Not	
Please indicate the ministries or committees you would consider participating:	
Liturgical Ministries	Committees & Outreach
<input type="checkbox"/> Altar Guild	<input type="checkbox"/> Campus Set-Up/Clean-Up
<input type="checkbox"/> Altar Servers	<input type="checkbox"/> Community Meals - Master's Table
<input type="checkbox"/> Eucharistic Ministry (includes homebound, etc.)	<input type="checkbox"/> Homeless Shelter Meals
<input type="checkbox"/> Greeter and Ushers	<input type="checkbox"/> Knights of Columbus #23
<input type="checkbox"/> Lector	<input type="checkbox"/> Maintenance & Safety
<input type="checkbox"/> Liturgical Arts and Environment	<input type="checkbox"/> Religious Education (CCD)
<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Social Justice
<input type="checkbox"/> Vocation Ministry (Traveling Chalice program)	<input type="checkbox"/> Welcoming Committee
<input type="checkbox"/> I need guidance on how I can volunteer	<input type="checkbox"/> Youth & Young Adult
	Other _____

Please continue on the other side

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (1)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (2)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (3)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (4)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
OTHER INFORMATION	
Is there anyone homebound, unable to attend Church, or in special need of the sacraments brought to your home? <input type="checkbox"/> Yes, please indicate need _____ <input type="checkbox"/> No	
<p>We appreciate any financial contribution you are able to provide to support our parish</p> <p><input type="checkbox"/> Please send me pre-printed envelopes.</p> <p>Or Online Giving is an easy, safe and convenient option:</p> <p><input type="checkbox"/> I will sign up for online giving at www.osvonlinegiving.com/1483</p> <p><input type="checkbox"/> I would like to sign-up for online giving but need assistance in setting-up my account.</p>	

*Please mail this form to the Rectory, Attn: Parish Secretary
or drop in the offertory basket.*

Church of the Assumption Rectory, 61 N. Cliff Street, Ansonia CT 06401
Questions? Call 203.735.8757 or email: welcome@assumptionansoniamchurch.com