

St. Patrick Parish
 401 Mansion St.
 Mauston WI 53948

Membership Profile Questionnaire

Family Name

Last Name _____ Date: _____

First Name(s) / Middle _____

Address _____

City, State, Zip Code _____

Home Phone _____

Cell Phone(s) _____

Email Address _____

Env #

Head of Household / Husband

Wife

Birth Date:	____ / ____ / ____	____ / ____ / ____
Preferred Nickname:		
Gender:	____ Male / ____ Female	____ Male / ____ Female
Marital Status:	Married / Single / Divorced / Widowed	Anniversary Date ____ / ____ / ____
Married in a Catholic Church?	Yes / No Church Name _____	Location _____
Maiden Name:		
Religion:		
Frequency of Church Attendance		
Baptized:	YES NO Date: ____ / ____ / ____	YES NO Date: ____ / ____ / ____
First Eucharist:	YES NO Date: ____ / ____ / ____	YES NO Date: ____ / ____ / ____
Confirmed:	YES NO Date: ____ / ____ / ____	YES NO Date: ____ / ____ / ____
Occupation / Employer:		
Special Needs:		

Dependent Children Information:

Son / Daughter
Baptized:
First Eucharist:
Confirmed:
School Attending?

Last Name:
Birthdate: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___

First Name, Middle:
Catholic? Yes No
Grade _____

Son / Daughter
Baptized:
First Eucharist:
Confirmed:
School Attending?

Last Name:
Birthdate: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___

First Name, Middle:
Catholic? Yes No
Grade _____

Son / Daughter
Baptized:
First Eucharist:
Confirmed:
School Attending?

Last Name:
Birthdate: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___

First Name, Middle:
Catholic? Yes No
Grade _____

Son / Daughter
Baptized:
First Eucharist:
Confirmed:
School Attending?

Last Name:
Birthdate: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___
YES NO Date: ___/___/___

First Name, Middle:
Catholic? Yes No
Grade _____

I am interested in the following Liturgical Activities (please circle):

- Lector
- Gift Bearer
- Choir
- Prayer Chain
- Server (For children)

- Eucharistic Minister
- Catechist
- Pianist / Organist
- Church Decorator
- Other _____

- Greeter
- Communion to the Homebound
- RCIA Team
- Rosary at the Nursing Home

Preferred Mass Time:

Saturday, 5PM _____

Sunday 8 AM _____ 10 AM _____