

We need your help as we continue to grow. Please consider making a commitment of your time and talents to serving God and Our Saviour's Catholic Church and community.

**Please check your interest(s).**

Refer to bulletin for further information.

- |   |  |
|---|--|
| <input type="checkbox"/> Altar Linens                               | <input type="checkbox"/> Prayer Chain                          |
| <input type="checkbox"/> Altar Servers                              | <input type="checkbox"/> RCIA                                  |
| <input type="checkbox"/> Baptism Seminar                            | <input type="checkbox"/> Religious Ed. Teacher/Aide            |
| <input type="checkbox"/> Bereavement Ministry                       | <input type="checkbox"/> Religious Ed. Volunteer               |
| <input type="checkbox"/> Birthright                                 | <input type="checkbox"/> Respect Life                          |
| <input type="checkbox"/> Catholic Devotions                         | <input type="checkbox"/> Rosary Makers                         |
| <input type="checkbox"/> Contemplative Prayer                       | <input type="checkbox"/> Sacristans                            |
| <input type="checkbox"/> Elizabeth Ministry                         | <input type="checkbox"/> Secular Franciscans                   |
| <input type="checkbox"/> Greeters                                   | <input type="checkbox"/> Seniors Community Club                |
| <input type="checkbox"/> Grief Support                              | <input type="checkbox"/> Senior Needs                          |
| <input type="checkbox"/> Knights of Columbus                        | <input type="checkbox"/> Single/Separated/<br>Widowed/Divorced |
| <input type="checkbox"/> Ministers of Holy<br>Communion             | <input type="checkbox"/> Small Christian<br>Communities        |
| <input type="checkbox"/> Ministers of the Word                      | <input type="checkbox"/> St. Vincent de Paul                   |
| <input type="checkbox"/> Ministry to the sick                       | <input type="checkbox"/> Teen Ministry                         |
| <input type="checkbox"/> Music: Adult Choir                         | <input type="checkbox"/> Ushers                                |
| <input type="checkbox"/> Music: Children's Choir<br>Grade 4 thru 8  | <input type="checkbox"/> Young Adult Ministry                  |
| <input type="checkbox"/> Music: Instrumentalist<br>(Please specify) |  |
| <input type="checkbox"/> Music: Young Adult Choir                   |  |

# Registration Form

# Welcome



This community looks forward to having you join us in worship and sacramental life, as well as the various ministries, educational programs, and social activities in which you may have interest.

**OUR SAVIOUR'S CATHOLIC COMMUNITY**  
5301 North Atlantic Avenue  
Cocoa Beach, FL 32931

OFFICE (321) 783-4554  
FAX (321) 868-6743  
Website: [www.oursavioursparish.org](http://www.oursavioursparish.org)

# OUR SAVIOUR'S CATHOLIC COMMUNITY

*(Please complete form on both sides and turn into the office.)*

Registration Date \_\_\_\_\_ Envelope# \_\_\_\_\_

<b>Male Head of Household Information</b> Cell Phone: _____		<b>Female Head of Household Information</b> Cell Phone: _____	
Last Name: _____	First Name: _____	Last Name: _____	First Name: _____
Title: (e.g. Mr. Dr.) _____	Nickname: _____	Title: (e.g. Mrs. Ms. Dr.) _____	Maiden Name: _____
Birthdate: _____		Birthdate: _____ Nickname: _____	
Occupation: _____		Occupation: _____	
Religion: _____		Religion: _____	
<b>Sacraments:</b> : Baptism <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		<b>Sacraments:</b> Baptism <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	
<b>Marital Status</b> (check): Married <input type="checkbox"/> Date of Marriage: _____ Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/>			
Married in Catholic Church <input type="checkbox"/> Married Civilly <input type="checkbox"/> Other <input type="checkbox"/> _____			

## FAMILY INFORMATION

Street Address: _____	Permanent: <input type="checkbox"/> Seasonal: <input type="checkbox"/> from: _____ to _____
City/State/Zip: _____	
Home Phone: _____	
Family Email Address(es): _____	
Family Mailing Address (if different than street address above): (Children over the age of 21 should have their own registration card.)	

## FAMILY MEMBER INFORMATION

Children at Home First Name	Last Name (If different)	Sex M/F	Birthdate	Relationship (son, daughter, niece, etc.)	Religion	Baptized	First Communion	Confirmation	Name of School Attending
1)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
2)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
3)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
4)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
5)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Others at Home (e.g. adult children, Grandparents, etc.)	First Name	Last Name	Sex M/F	Birthdate	Relationship	School/College/Occupation			
Does anyone in your household have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>									

Emergency Contact: _____

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