

St. Isidore Catholic Parish

PO Box 1, Celestine, IN 47521

812/634-1875

www.celestineduboiscluster.com



Est. 2016

Membership Registration Form

All information, which is obtained from this form, is considered confidential and will not be shared or given to anyone outside of the St. Isidore Parish Office.

Please complete this section:

Date: _____

Last Name _____

Main Phone: _____

Mailing address _____

Other phone number _____

City _____ State _____ Zip _____ Email address _____

If you are a single adult, please complete this section:

First Name _____ Middle Name _____

Date of Birth _____ Place of Employment _____

Baptism: Date _____ Place _____ By Whom _____

First Communion: Date _____ Place _____ By Whom _____

Confirmation: Date _____ Place _____

By Whom _____ Sponsor _____

Where you married before? _____ If yes, to whom and where _____

If you are a married couple, please complete this section:

Husband First Name _____ Middle Name _____

Date of Birth _____ Place of Employment _____

I am Catholic ___ Yes ___ No If no what religion _____

Baptism: Date _____ Place _____ By Whom _____

First Communion: Date _____ Place _____ By Whom _____

Confirmation: Date _____ Place _____

By Whom _____ Sponsor _____

Marriage: Date _____ Place _____ By Whom _____

OVER

Wife First Name _____ Middle Name _____ Maiden Name _____

Date of Birth _____ Place of Employment _____

I am Catholic ___ Yes ___ No If no what religion _____

Baptism: Date _____ Place _____ By Whom _____

First Communion: Date _____ Place _____ By Whom _____

Confirmation: Date _____ Place _____

By Whom _____ Sponsor _____

Marriage: Date _____ Place _____ By Whom _____

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**Please complete for every child living in your household:
Any child over the age of 18 should register as a single adult.**

First Name _____ Middle Name _____

Last Name (If different than family name) _____ Date of Birth _____

I am Catholic ___ Yes ___ No If no what religion _____

Baptism: Date _____ Place _____ By Whom _____

First Communion: Date _____ Place _____ By Whom _____

Confirmation: Date _____ Place _____

By Whom _____ Sponsor _____

First Name _____ Middle Name _____

Last Name (If different than family name) _____ Date of Birth _____

I am Catholic ___ Yes ___ No If no what religion _____

Baptism: Date _____ Place _____ By Whom _____

First Communion: Date _____ Place _____ By Whom _____

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Name: _____ Phone: _____

Is there anything that we can help you with?

Religious Education _____ Annulment _____

Learning more about the Catholic Faith _____

Grief counseling _____

Would any family member like to join the Catholic Faith? _____

Comments/Suggestions/Anything else we could help you with?

Would you be interested in helping in any of the following areas?

We would like to have a parish community to extend a helpful hand to those in need. In order to extend that hand, we need everyone's help. Please consider volunteering for at least one. Thank you.

Lector (Reader) _____ Eucharistic Minister _____ Usher _____

Greeter _____ Sacristan _____ Cantor _____

Choir _____ Musician (Piano, Guitarist, Organist, other) _____

Religious Education Catechist _____ Youth activities _____

Bereavement lunch _____ Quilt Committee _____

Minister to homebound _____ Prayer line _____

Landscaping _____ St. Vincent DePaul _____ Grace Co-op Volunteer _____

Knights of Columbus _____ Adult religious education & evangelization team _____

Work at any of our fundraisers (Fall shoot, social, fish fry) _____