

# ST. MARY OF HANNAH MEMBERSHIP FORM

Envelope Number: \_\_\_\_\_ (Parish Use)

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Spouse Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Opt in to text messages from St. Mary of Hannah ( ) Yes ( ) No*

*Opt in to text messages from St. Mary of Hannah ( ) Yes ( ) No*

*St. Mary of Hannah has permission to text the provided number ( ) Yes ( ) No*

*St. Mary of Hannah has permission to text the provided number ( ) Yes ( ) No*

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Baptized? ( ) Yes ( ) No

Baptized? ( ) Yes ( ) No

If Baptized provide name of Parish \_\_\_\_\_

If Baptized provide name of Parish \_\_\_\_\_

1st Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

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Other Household Members: \_\_\_\_\_

Members with special needs: \_\_\_\_\_

Children's Names	M/F	Birthdate	Baptized	Reconciliation	Confirmed	First Communion

***Please put name of family member next to ministry that is of interest***

Eucharistic Minister \_\_\_\_\_

Lector \_\_\_\_\_

Youth Group \_\_\_\_\_

Altar Server \_\_\_\_\_

Funeral Luncheon \_\_\_\_\_

Cemetery \_\_\_\_\_

Altar Society \_\_\_\_\_

Usher \_\_\_\_\_

Home Bound \_\_\_\_\_

Food Pantry \_\_\_\_\_

Golden Griffin Raffle \_\_\_\_\_

Knights of Columbus \_\_\_\_\_

Choir \_\_\_\_\_

Home and School \_\_\_\_\_

School Advisory \_\_\_\_\_

Chicken Dinner \_\_\_\_\_

Catechist \_\_\_\_\_

Other \_\_\_\_\_

***\*When form is completed please put it in the collection basket or mail it to:***