



St. James Catholic Church

1145 NE First Street | McMinnville, OR 97128

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REGISTRATION FORM- Welcome!

Today's Date: _____

Family's Last Name: _____ Env. No. _____ *(office use only)*

Street Address: _____

City: _____ State: _____ Zip Code: _____

<p>Which method would you prefer for offertory?</p> <p><input type="checkbox"/> Parish Envelopes <input type="checkbox"/> EFT (Electronic Giving)</p>

ADULT I

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____ Gender: _____ DOB: _____

Marital Status: Single Married Widowed Divorced

ADULT II

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____ Gender: _____ DOB: _____

Marital Status: Single Married Widowed Divorced

Please list children that are living at the address provided above. Please check each sacrament applicable for each child.

CHILDREN

Child's Name	Gender	DOB	Baptized	1 st Communion	Confirmation

Please check *if* applicable

I do not wish to receive any information regarding St. James Catholic Church ministries

I do not wish to receive any information regarding St. James Catholic School