



LAY FRATERNITIES OF ST. DOMINIC - PROVINCE OF ST. JOSEPH

MEMBER INFORMATION FILE

(Please PRINT Your Responses)

Region: _____ Fraternity #: _____ Fraternity Name: _____

Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Address: _____ Phone: (____) _____

_____ Cell: (____) _____

_____ Email: _____

Marital Status: Single Married Widowed Divorced Church Annulment Separated

Emergency Contact: _____ (____) (____) _____
Name Phone Cell Relationship

Baptism: _____
Church City/State Year

Confirmation: _____
Church City/State Year

RCIA (if applicable): _____
Church City/State Year

*Current Parish: _____
Church City/State How long a member?

Current Parish Activities: _____

Are you a member of any other Lay or Secular Order? Yes No If "YES," list name, current status, and details:

Membership in Religious Organizations other than Lay or Secular Orders (e.g. Blue Army, Knights of Columbus, etc.):

Membership in Non-Religious Organizations or Volunteer Groups: _____

Education (list Institution and highest level completed): _____

Occupation: _____ Employer: _____

Signature: _____ Date: _____

*LIST ANY CHANGES ON BACK OF PAGE WITH DATES