



S t. Joseph's Mission
 301 E. Adams, O'Neill, NE 68763
 Phone—402-336-1602 Fax: 402-336-1533
 Email: stpatricksoNeill@gmail.com
 www.stpatoneill.org

Date _____

Envelope # _____

Office Use only

Adult 1

First and Last Name _____

Maiden Name (if applicable) _____

Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Email _____

Adult 2

First and Last Name _____

Maiden Name (if applicable) _____

Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Email _____

	LAST NAME	FIRST NAME	MIDDLE NAME	SEX M/F	BIRTHDATE MM/DD/YY	GRADE IN SCHOOL	RELIGION	BAPTISM Y/N	FIRST EUCHARIST Y/N	CONFIRMATION Y/N	MARITAL STATUS S/M/D/W	MARRIAGE DATE MM/DD/YYYY
Adult 1												
Adult 2												
Children:												

Stewardship Commitment (check one)

I will contribute by EFT or Automatic Withdrawal. Please provide weekly envelopes to contribute. I will contribute directly by check or cash without envelopes.

New Parishioner Questionnaire

Previous Parish, including city & state _____

What are the primary factors that influenced you to become a member at St. Patrick's?

- Sacraments (Baptism, Marriage, etc.)
 Children's Education (1st Communion, confirmation)
 St. Mary's Schools
 Deeper relationship with Jesus Christ
 Sense of community
 Friends/family attend here
 Other _____

Please check all that you would be interested in being involved in:

Parish Ministry	Currently Involved	Would like to be involved	Have been involved previously
Altar Server			
Ushering			
Greeting			
Musician			
Extraordinary Minister of Holy Communion			
Lector			
Religious Education			
Religious Education teacher			
Youth Ministry			
Adult Education/Bible Study			
Altar Society			
St. Mary's School Enrollment			
Knights of Columbus			
Catholic Daughters of America			
Legion of Mary			

Any areas of concern or things you may need help with (including sacramental needs for your family)
