



*St. Timothy Catholic Church*  
*1351 Paige Place*  
*Lady Lake, FL 32159*  
*352-753-0989*

Registration Date

\_\_\_\_\_

<b>Office Use</b> PDS ___ E ___ B ___ P ___ Envelope # _____
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Family Last Name \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_  
 Title Mr/Mrs Mr. Mrs. Ms. Dr. P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Village Development/Area \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_ Depart \_\_\_\_\_ Arrive \_\_\_\_\_

List of Family Members	Head	Spouse	Children Living with you	Children Living with you	Other Living with you
First Name					
Last Name or Maiden Name					
Marital Status					
Religion					
Language					
Current/Former Occupation/School					
Home Phone					
Cell Phone					
Students only (Grade)					
Male/Female					
Birth Date					

Please turn over to complete Sacrament and Emergency Notification Information

**Member Sacrament Information**  
**Please check the sacraments you have below**

<b>Sacrament</b>	<b>Head</b> √	<b>Spouse</b> √	<b>Children living w/you</b>	<b>Children living w/you</b>	<b>Other living w/you</b>
<b>Baptism</b>					
<b>1st Communion</b>					
<b>Reconciliation/ Penance</b>					
<b>Confirmation</b>					
<b>Marriage Date Church Married At</b>					
<b>Special Needs or Medical Indications</b>					

**Emergency Contact Information for you and your family**

Please list a friend, relative or neighbor we may contact in the event of an emergency on your behalf

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Please use the Special Needs/Medical Indications box above for any family member who may need special consideration

Is it ok to place your Name (s) in the Bulletin to welcome you? Yes ( ) No ( )

What Ministries do you think you would be interested in? \_\_\_\_\_

***Welcome to St. Timothy Catholic Church***