



Parish Registration

St. Brendan Catholic Church

245 Dory Passage, Clearwater FL. 33767.

ID # _____
DATE: _____
LTR _____
STWD: _____
INT: _____

Last Name: _____

Jr. Sr. I II

First Name: _____

Mr. Mrs. Ms. Dr.

Spouse/Member: _____

Mr. Mrs. Ms. Dr.

Street Address: _____ City & State: _____ ZIP: _____

Home Phone: _____ Unpublished / Secondary Phone: _____ Unpublished / Email: _____

Family Status: Married Single Widowed Separated Divorced

Would you like to receive envelopes? Y N

Permanent Resident Seasonal Resident From _____ to _____

Are you interested in Electronic Fund Offerings? Y N

Other Seasonal Address: _____

Would you like St. Brendan Mail here? Y N

If you live alone, please list an emergency contact person: Name _____ Phone: _____

FOR EACH MEMBER (INCLUDING THOSE LISTED ABOVE) PLEASE FILL IN THE INFORMATION BELOW

	HEAD	SPOUSE / MEMBER	CHILD	CHILD	CHILD	CHILD
FIRST NAME						
LAST NAME (If different)						
RELIGION						
HANDICAP						
LANGUAGE SPOKEN						
OCCUPATION (x if Retired)	<input type="checkbox"/> R	<input type="checkbox"/> R				
PLACE OF EMPLOYMENT						
BUSINESS PHONE						
SCHOOL CHILD ATTENDS						
CURRENT GRADE or DEGREE K, 1-12, AA, BA,BS, MA,MS, MD PHD,						
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF BAPTISM	/ /	/ /	/ /	/ /	/ /	/ /
CITY & CHURCH OF BAPTISM						
DATE OF FIRST COMMUNION	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF CONFIRMATION	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF MARRIAGE	/ /	/ /	/ /	/ /	/ /	/ /



SHARING OUR TIME & TALENT

We at St. Brendan are a Stewardship Parish. A parish that offers time, talent, and treasure as a way of thanking God for all that we have. On this page we ask you to tell us a bit about yourself and ask in what ways you may want to offer your time and talent. Please complete a separate form for each person. A parish member will be contacting you shortly about your interests.

The St. Brendan Stewardship Committee

MY GIFTS ARE

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting-Finance | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Language: _____ | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Artistry: _____ | <input type="checkbox"/> Planning / Serving | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Performance: _____ |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Driving | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Team Building | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Electrical | <input type="checkbox"/> Human Resource Mgt. | <input type="checkbox"/> Senior Outreach |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Landscape | <input type="checkbox"/> Legal Work | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Medical / Nursing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Hardware / Network | <input type="checkbox"/> Faith / Spiritual | <input type="checkbox"/> Music | <input type="checkbox"/> Youth Activity |

ABOUT YOUR MINISTRY INTERESTS

PRAYER	FELLOWSHIP	SERVICE	FORMATION
<input type="checkbox"/> Altar Server	<input type="checkbox"/> Coffee & Donuts	<input type="checkbox"/> Hospice	<input type="checkbox"/> Sunday Children's Word
<input type="checkbox"/> Minister of Communion	<input type="checkbox"/> Money Counter	<input type="checkbox"/> Grief Support Ministry	<input type="checkbox"/> Adult Faith Formation
<input type="checkbox"/> Lector	<input type="checkbox"/> Social Events	<input type="checkbox"/> Respect Life	<input type="checkbox"/> Children Faith Formation
<input type="checkbox"/> Ushers & Greeters	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Religious Community Services	<input type="checkbox"/> Small Faith Community
<input type="checkbox"/> Minister to the Sick	<input type="checkbox"/> Council of Catholic Women	<input type="checkbox"/> Christmas Giving Tree	<input type="checkbox"/> Bible Study
<input type="checkbox"/> Sacristan	<input type="checkbox"/> Navigator's (Men's club)	<input type="checkbox"/> Florida Rainbow Company	<input type="checkbox"/> R.C.I.A.
<input type="checkbox"/> Liturgy Planning	<input type="checkbox"/> Mission Belles	<input type="checkbox"/> Faith & Action for Strength Together.	<input type="checkbox"/> Marriage Preparation
<input type="checkbox"/> Liturgy Environment	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Food for the Poor	<input type="checkbox"/> Confirmation Preparation
<input type="checkbox"/> Altar Housekeeping	<input type="checkbox"/> Parish Life Committee	<input type="checkbox"/> Advocate for the Elderly	<input type="checkbox"/> First Eucharist Preparation
<input type="checkbox"/> Arimatheans	<input type="checkbox"/> Finance Council		<input type="checkbox"/> First Reconciliation Preparation
<input type="checkbox"/> Prayer Chain	<input type="checkbox"/> Pastoral Council		
<input type="checkbox"/> Sunday Choir	<input type="checkbox"/> Stewardship Committee		
<input type="checkbox"/> Cantor	<input type="checkbox"/> Building Committee		
<input type="checkbox"/> Musician			
<input type="checkbox"/> Funeral Choir			
<input type="checkbox"/> Hand bells			

ABOUT YOUR TIME:

I am available: Weekdays Weeknights Weekends
 For one time projects Monthly Commitments
 Best Day of the Week _____ Best time of the day _____
 I am open to anything asked of or required of the ministry.
 I would like to speak to someone in more detail.

OTHER COMMENTS: _____