



**St. Patrick's Church**  
 115 Maple Avenue, Victor, New York 14564  
 Parish Office: 585-924-7111 Fax: 585-742-3296  
 www.stpatricksvictor.org

**Welcome to our parish family.**

Date Registered: _____
Envelope #: _____

**FAMILY INFORMATION** (Please PRINT all information and return completed form to the Parish Office.)

Family Last Name		Maiden Name		Home Phone #	
Mailing Address			City	State	Zip Code
Cell Phone # and/or emergency phone#			Email Address		

**HOUSEHOLD MEMBERS**

Name(s)	Relationship (husband, wife, son, daughter, etc.)	Date of Birth	M/F	Religion (if not Catholic)	Living at home (Y/N)	Occupation

**SACRAMENTS FOR ALL FAMILY MEMBERS** (Please check the boxes to show each Sacrament received & include date, if known.)

Name	Baptism	Reconciliation	First Eucharist	Confirmation	Catholic Marriage (Date)

**Parish Stewardship: Every parishioner is encouraged to actively participate in parish life.**

- **Worship** - I/We will actively participate in the weekly Sunday Mass, and daily personal & family prayer.
- **Share** - I/We will share my/our gifts of time, talent & treasure with the Saint Patrick's Church.
- **Participate** - I/We will present at parish events and actively participate in parish ministries.
- **Grow** - I/We will seek to grow in my/our faith and spirituality and strive to become more Christ-like in my/our daily life.

Check and initial the areas of interest to you.

Area I: Liturgy & Sacramental Life

To promote a deeper prayer and spiritual life that is both personal and communal.

- \_\_\_ Altar Linens
- \_\_\_ Altar Servers
- \_\_\_ Baptism Preparation Team
- \_\_\_ Children's Liturgy of the Word
- \_\_\_ Church Cleaners
- \_\_\_ Extraordinary Ministers of Holy Communion
- \_\_\_ First Responders
- \_\_\_ Funeral Preparation Team
- \_\_\_ Lectors
- \_\_\_ Liturgical Environment
- \_\_\_ Liturgy Committee
- \_\_\_ Marriage Preparation Team (Pre-Cana)
- \_\_\_ Sacristans
- \_\_\_ Sacred Music Ministry
- \_\_\_ Ushers and Greeters

Area II: Membership and Parish Life

To grow disciples both in quantity and quality in and through a nurturing parish community.

- \_\_\_ Bereavement Support Group
  - \_\_\_ Coffee Hour Team
  - \_\_\_ Funeral Brunch Ministry
  - \_\_\_ Knights of Columbus Council #6652
  - \_\_\_ Men's Retreats
  - \_\_\_ Saint Patrick's Men's Group
  - \_\_\_ Parish Life Committee
  - \_\_\_ Welcome Team
  - \_\_\_ Parish Women's Group
- Area III: Ongoing Faith Formation
- To give witness in the world with a stronger faith and understanding of it.
- \_\_\_ Adult Faith Formation Group
  - \_\_\_ Bible Study Group
  - \_\_\_ Catechists & Aides
  - \_\_\_ Faith Formation Advisory Board
  - \_\_\_ Parish ChristLife (Evangelization Team)
  - \_\_\_ Saint Patrick's Preschool
  - \_\_\_ Rite of Christian Initiation for Adults (RCIA)
  - \_\_\_ Youth and Young Adult Ministries

Area IV: Social Ministry and Outreach

To personally encounter and serve our brothers and sisters in need.

- \_\_\_ Assisi Ministry
- \_\_\_ Community Dinner
- \_\_\_ Giving Garden
- \_\_\_ Prayer Shawl Ministry
- \_\_\_ Social Ministry Committee
- \_\_\_ Veterans' Dinner Club
- \_\_\_ Family Promise of Ontario County (FPOC)

Area V: Stewardship

To intentionally own and support the mission entrusted to us, the Church, by Jesus.

- \_\_\_ Buildings and Grounds Committee
- \_\_\_ Parish Finance Council
- \_\_\_ Parish Bakers
- \_\_\_ Parish Gardens
- \_\_\_ Parish Magazine
- \_\_\_ Parish Office Volunteers
- \_\_\_ Pastoral Council
- \_\_\_ Money Counters
- \_\_\_ Stewardship Committee

**Is there anything we can do for your family?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Previous Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**Please make sure you inform your former parish, so we can register you at St. Patrick's.**

I/We prefer to support the Parish with:  **Automatic Transfer\***  Weekly Envelopes  Credit Card (Master Card or Visa)

Automatic Transfer: Routing #: \_\_\_\_\_ Account # \_\_\_\_\_ Date for transfer (circle): Monthly- 1st 15th or Weekly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Please include a voided check.

Type of credit card: \_\_\_\_\_ Number: \_\_\_\_\_ **\*Please consider automatic transfer.**

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_ **Saves you time & church the cost of envelopes. Thanks!**