



**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.**

Office Use Only:	
Date Registered:	_____
Envelope or parishioner #:	_____
Welcome Bag / Bulletin / Blessing / Ministry:	

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

Family Last Name		Maiden Name		Primary Phone #	
Mailing Address			City	State	Zip Code
Secondary Phone # and/or Emergency Phone #				Email Address	

**HOUSEHOLD MEMBERS**

Name(s)	Relationship (husband, wife, son, daughter, etc.)	Date of	M/F	Religion (if not	Living at	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
- \_\_\_ Funeral Liturgy Team
- \_\_\_ Lectors
- \_\_\_ Liturgical Environment
- \_\_\_ Liturgy Committee
- \_\_\_ Marriage Preparation Team (Pre-Cana)
- \_\_\_ Sacristans
- \_\_\_ Sacred Music Ministry
- \_\_\_ Ushers and Greeters
- \_\_\_ Visitation Ministry

Area II: Membership and Parish Life

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

- \_\_\_ Coffee Hour
- \_\_\_ Knights of Columbus

Area III: Ongoing Faith Formation

*To give witness in the world with a stronger faith and understanding of it.*

- \_\_\_ Divine Mercy Cenacle
- \_\_\_ Parent-led Catechesis
- \_\_\_ Parish Christ Life
- \_\_\_ Rosary Group
- \_\_\_ Saint Patrick's Preschool
- \_\_\_ Rite of Christian Initiation for Adults (RCIA)
- \_\_\_ Youth 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
- \_\_\_ Family Promise of Ontario County

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 Magazine
- \_\_\_ Pastoral Council
- \_\_\_ Money Counters
- \_\_\_ Stewardship Committee

To receive weekly parish communication via text and/or email, scan the QR code with your smart phone, and follow the prompts.



Thank you and God bless you.

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!**