

All Saints Catholic Church
Millingenhof 157-158
1106 KK Amsterdam

CHURCH MEMBERSHIP REGISTRATION FORM

Church Name: _____

Membership Number (Office Use Only): _____

Date of Registration: ____ / ____ / _____

PERSONAL INFORMATION

Title: ☐ *Mr.* ☐ *Mrs.* ☐ *Miss* ☐ *Ms.* ☐ *Rev.* ☐ *Other:* _____

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: ☐ *Male* ☐ *Female*

Nationality: _____

Marital Status: ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widowed*

Occupation: _____

Residential Address: _____

Postal Code: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

FAMILY INFORMATION

Spouse's Name (if applicable): _____

Children (Name and Age):

1. _____

2. _____

3. _____

4. _____

SPIRITUAL INFORMATION

Date of Conversion (if known): _____

Have you been baptized?

☐ *Yes* ☐ *No*

If Yes:

Date: _____

Church/Location: _____

Previous Church Membership (if any):

Church Name: _____

Location: _____

Period of Membership: _____

MINISTRY INVOLVEMENT

Please indicate the ministries in which you are interested:

☐ *All Saints Choir*

☐ *Prayer Ministry*

☐ *Children's Ministry*

☐ *Youth Ministry*

☐ *Men's Fellowship*

☐ *Christian Mothers*

☐ *Legion of Mary*

☐ *Ushers*

☐ *Media & Technical Team*

☐ *St. Theresa's Society*

☐ *Lay Readers*

☐ *Voice of Grace Choir*

☐ *Altar Servers*

☐ *Other:* _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Telephone Number: _____

Address: _____

DECLARATION

I hereby certify that the information provided in this registration form is true and accurate to the best of my knowledge. I willingly apply for membership and commit myself to supporting the vision, mission, values, and activities of the church.

Applicant's Signature: _____

Date: ____ / ____ / _____

CHURCH OFFICE USE ONLY

Date: _____

Position:

Signature:

Membership number:

Welcome to Our Church Family

"We are delighted to welcome you into our church community and look forward to growing together in faith, fellowship, and service."