

St. Joseph Catholic Church
211 Atlantic Avenue, Shreveport, LA 71105

Minister Information Form

Full Name: _____

(include maiden name if applicable)

Married

Single

Name of Spouse: _____

Date of Marriage: _____

Church of Marriage: _____

Name & Age of Children living in household:

1. _____ Age: _____ 3. _____ Age: _____

2. _____ Age: _____ 4. _____ Age: _____

Address: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Church of Baptism: _____ City & State: _____

Date of Birth: _____

Date of Baptism: _____ Date of Confirmation: _____

**If not baptized at St. Joseph Church, Shreveport, La please submit a certificate of Baptism with notations issued within the last six months.

Please select below:

Altar Server

Music Ministry

Lector

Sacristan

Usher

Gift Bearer

Extraordinary Minister of
Holy Communion

Minister of Care (Takes
communion to homebound)

Catechist (includes Teacher
Aides)

RCIA Team

Sponsor (RCIA or
Confirmation)

Volunteer

Other _____