

The Roman Catholic Parish of  
**St. James the Greater**

# Registration Form

## *Welcome!*

*We are pleased you want to join the St. James Parish Family. Joining the parish is as easy as completing the information in this registration form and submitting it to the parish office. After that, you will receive a new parishioner packet full of information to help you settle into your new church home. We will also add your information to the parish database so you can enjoy all the benefits of membership. If you have any questions in the meantime, please feel free to contact the parish office. The office hours and number are listed below.*

*Rev. Fr. John S. Ledford, Pastor*  
*Rev. Fr. José Manuel Escalante, Associate Pastor*

*49 Crosswinds Drive*  
*Charles Town, WV 25414-3933*

*304-725-5558*

### Office Hours

Monday to Friday: 9:00 am to 12:00 pm & 1:00 pm to 5:00 pm



**Instructions:** Please print legibly. Complete only the sections that apply to you or your family.  
Complete as much information as possible. If specific dates are unknown, leave blank.  
This form can be returned through the mail, the offertory basket, or the Parish office.  
Thank you for your information and welcome to the St. James family!

**HEAD OF HOUSEHOLD**.....

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

**Mailing Address:** \_\_\_\_\_  
(include City, State & Zip Code)

**Physical Address** (if different from above): \_\_\_\_\_

**Name of Neighborhood or Development:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Family Email:** \_\_\_\_\_

**Marital Status** (check one):  Single  Widowed  Separated  Divorced  Married

**If married, Wedding Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Married by Priest or Deacon?**  Yes  No

**Sacramental Information** (check each one that has been received):

Baptism [Circle one: Catholic, RCIA, Other]  First Reconciliation  First Eucharist  Confirmation

**Occupation:** \_\_\_\_\_

**Ethnicity** (check one):  Caucasian  Hispanic  African American  Filipino/Asian  Other [ \_\_\_\_\_ ]

**SPOUSE**.....

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

**Sacramental Information** (check each one that has been received):

Baptism [Circle one: Catholic, RCIA, Other]  First Reconciliation  First Eucharist  Confirmation

**Occupation:** \_\_\_\_\_

**SPECIAL NEEDS**.....

If any adult or child in your household has special needs, please give name and explain need.

<b>Office Use</b>
Date Entered: _____
Env #: _____

**ADDITIONAL ADULT LIVING IN THE HOME**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

**Sacramental Information** (check each one that has been received):

\_\_\_ Baptism [Circle one: Catholic, RCIA, Other]    \_\_\_ First Reconciliation    \_\_\_ First Eucharist    \_\_\_ Confirmation

Occupation: \_\_\_\_\_

**CHILDREN - UNDER 21 LIVING AT HOME**

Name: \_\_\_\_\_ [Circle: Male or Female] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sacramental Information** (Check if Sacrament has been received, add date if known):

\_\_\_ Baptism [Catholic? Circle: Yes or No]    \_\_\_ First Reconciliation    \_\_\_ First Eucharist    \_\_\_ Confirmation  
Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_

Name: \_\_\_\_\_ [Circle: Male or Female] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sacramental Information** (Check if Sacrament has been received, add date if known):

\_\_\_ Baptism [Catholic? Circle: Yes or No]    \_\_\_ First Reconciliation    \_\_\_ First Eucharist    \_\_\_ Confirmation  
Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_

Name: \_\_\_\_\_ [Circle: Male or Female] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sacramental Information** (Check if Sacrament has been received, add date if known):

\_\_\_ Baptism [Catholic? Circle: Yes or No]    \_\_\_ First Reconciliation    \_\_\_ First Eucharist    \_\_\_ Confirmation  
Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_

Name: \_\_\_\_\_ [Circle: Male or Female] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sacramental Information** (Check if Sacrament has been received, add date if known):

\_\_\_ Baptism [Catholic? Circle: Yes or No]    \_\_\_ First Reconciliation    \_\_\_ First Eucharist    \_\_\_ Confirmation  
Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_

**Additional Children:** Please provide the same information as above for each child on a separate sheet of paper.

**EDUCATION INFORMATION**

**Are any children attending Catholic School?** If yes, list names, school, and grade.

**Are any children home schooled?** If yes, list names and grade.

## ADDITIONAL INFORMATION

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Use the space below for questions or requests for more information.

### *Weekly Schedule*

#### Mass:

Daily: Monday & Friday 7:00 am Tuesday & Thursday 12:05 pm  
Wednesday ~ 7:00 pm  
Weekends: Saturday ~ 5:00 pm  
Sunday ~ 8:00 & 11:00 am; 1:00 pm (in Spanish); 6:00 pm

#### Holy Hour:

Wednesday: 10:00 am to 7:00 pm

#### Reconciliation:

Wednesday: 5:00 pm  
Saturday: 3:00 pm