

ST JOHN THE EVANGELIST ROMAN CATHOLIC CHURCH
REGISTRATION FORM
(Please Print)

Reg. Date _____ *Catholic Review* Y N Contribution envelope: Y N Electronic Debit Y N
 (Archdiocesan newspaper-parish pays \$25/yr; (separate form)
 donation requested to offset expense)

Mailing Name: _____
 Mr & Mrs, Ms, Mr _____

Address: _____

City: _____ State: _____ Zip: _____ Home phone # _____
 Family email address _____

Household Information

Marital Status: _____ Married by Priest/Deacon _____ Wedding Date (Mo/Day/Yr) _____ Wedding Church/City, State _____
 Married Single Widowed Divorced Y N

Male Head of Household / Husband

Name: _____
 DOB: _____

Check if Sacrament received.
 Baptism _____ Catholic Y N
 Reconciliation _____
 First Eucharist _____
 Confirmation _____

Occupation: _____
 Work Phone: _____
 Email: _____

Ministry I would like to be involved in: _____
 Please call me _____

Female Head of Household / Wife

Name: _____ Maiden Name _____
 DOB: _____

Check if Sacrament received.
 Baptism _____ Catholic Y N
 Reconciliation _____
 First Eucharist _____
 Confirmation _____

Occupation: _____
 Work Phone: _____
 Email: _____

Ministry I would like to be involved in: _____
 Please call me _____

Child # 1

Birthdate _____

Sex
M F

Special Needs

Check if Sacrament Received. Add date if known.
Baptism Eucharist

Date: _____
Catholic Y N

Reconciliation

Date: _____

Confirmation

Date: _____

Child # 2

Birthdate _____

Sex
M F

Special Needs

Check if Sacrament Received. Add date if known.
Baptism Eucharist

Date: _____
Catholic Y N

Reconciliation

Date: _____

Confirmation

Date: _____

Child # 3

Birthdate _____

Sex
M F

Special Needs

Check if Sacrament Received. Add date if known.
Baptism Eucharist

Date: _____
Catholic Y N

Reconciliation

Date: _____

Confirmation

Date: _____

Child # 4

Birthdate _____

Sex
M F

Special Needs

Check if Sacrament Received. Add date if known.
Baptism Eucharist

Date: _____
Catholic Y N

Reconciliation

Date: _____

Confirmation

Date: _____

Child # 5

Birthdate _____

Sex
M F

Special Needs

Check if Sacrament Received. Add date if known.
Baptism Eucharist

Date: _____
Catholic Y N

Reconciliation

Date: _____

Confirmation

Date: _____