

St John Church

WELCOME NEW PARISHIONERS!

Registration Date: _____

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Family Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone(s): _____

Are there any members of your household that would like to be visited by a priest?

Individual Family Member Information *(Please include maiden name if applicable.)*

1- Name: First, Last

Date of Birth:

_____/_____/_____

Email: _____ Work Phone: _____

Cell Phone: _____ First Language: _____

Occupation: _____ Employer: _____

Sacramental Information: *(If Yes, please add date.)*

Baptized _____ Catholic? _____ First Reconciliation _____

First Communion _____ Confirmation _____

Marital Status: _____ Valid Catholic Marriage? Yes ___ No ___

2 - Name: First, Last

Date of Birth:

_____/_____/_____

Email: _____ Work Phone: _____

Cell Phone: _____ First Language: _____

Occupation: _____ Employer: _____

Sacramental Information: *(If Yes, please add date.)*

Baptized _____ Catholic? _____ First Reconciliation _____

First Communion _____ Confirmation _____

Marital Status: _____ Valid Catholic Marriage? Yes ___ No ___

DEPENDENT CHILDREN

<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>	<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>
<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>	<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>
<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>	<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>
<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>	<p>First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____</p>