St. John Catholic Church
Parishioner Registration Form

HEAD OF HOUSEHOLD:

Full Legal Name:_____ Maiden Name? _____
First Name Middle Name Last Name

Nickname? _____

Mailing Address: _____ City:_____ State: _____ Zip Code:_____
Street Address

Religion? _____ Subdivision Name? _____

Home Phone # (_____)_____ Unlisted? Y / N Publish in Parish Directory? Y / N

Work Phone # (_____)_____ Extension? _____ Cell Phone # (_____)_____

Date of Birth: ___/___/_____ Gender? M / F E Mail Address? _____

Marital Status? (___) Single (___) Married (___) Divorced (___) Widowed (___) Separated (___) Remarried (___) Partnered

Employer: _____ Occupation: _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

If married, did the marriage take place in the presence of a priest? Y / N
If no, is there a desire to have the marriage blessed by a priest? Y / N
Please indicate sacraments received by this person and the dates they received, if known.

Baptism: Y / N Date: ___/___/_____ Confirmation: Y / N Date: ___/___/_____
1st Reconciliation: Y / N Date: ___/___/_____ Matrimony: Y / N Date: ___/___/_____
1st Communion: Y / N Date: ___/___/_____
Convert: Y / N Last Parish registered at? _____

Is this person active in our parish by attending Mass on a regular basis? Y / N

SPOUSE Information:

Full Legal Name:_____ Maiden Name? _____
First Name Middle Name Last Name

Nickname? _____

Religion? _____

Home Phone # (_____)_____ Unlisted? Y / N Publish in Parish Directory? Y / N

Work Phone # (_____)_____ Extension? _____ Cell Phone # (_____)_____

Date of Birth: ___/___/_____ Gender? M / F E Mail Address? _____

Marital Status? (___) Single (___) Married (___) Divorced (___) Widowed (___) Separated (___) Remarried (___) Partnered

Employer: _____ Occupation: _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

If married, did the marriage take place in the presence of a priest? Y / N
If no, is there a desire to have the marriage blessed by a priest? Y / N
Please indicate sacraments received by this person and the dates they received, if known.

Baptism: Y / N Date: ___/___/_____ Confirmation: Y / N Date: ___/___/_____
1st Reconciliation: Y / N Date: ___/___/_____ Matrimony: Y / N Date: ___/___/_____
1st Communion: Y / N Date: ___/___/_____
Convert: Y / N Last Parish registered at? _____

Is this person active in our parish by attending Mass on a regular basis? Y / N

BACK PAGE FOR CHILDREN

OFFICE USE Date: _____ Envelope # _____ Shelby 5 _____ Shelby 2000 ____ AM _____

St. John Catholic Church
Parishioner Registration Form

CHILDREN Information:

Full Legal Name:_____ Nickname? _____
First Name Middle Name Last Name
Date of Birth: __/__/____ Gender? M / F Religion? _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

Please indicate sacraments received by this person and the dates they received, if known.
Baptism: Y / N Date: __/__/____ Confirmation: Y / N Date: __/__/____
1st Reconciliation: Y / N Date: __/__/____ If married, please register separately.
1st Communion: Y / N Date: __/__/____

CHILD #2
Full Legal Name:_____ Nickname? _____
First Name Middle Name Last Name
Date of Birth: __/__/____ Gender? M / F Religion? _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

Please indicate sacraments received by this person and the dates they received, if known.
Baptism: Y / N Date: __/__/____ Confirmation: Y / N Date: __/__/____
1st Reconciliation: Y / N Date: __/__/____
1st Communion: Y / N Date: __/__/____

CHILD #3
Full Legal Name:_____ Nickname? _____
First Name Middle Name Last Name
Date of Birth: __/__/____ Gender? M / F Religion? _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

Please indicate sacraments received by this person and the dates they received, if known.
Baptism: Y / N Date: __/__/____ Confirmation: Y / N Date: __/__/____
1st Reconciliation: Y / N Date: __/__/____ If Married, please register separately.
1st Communion: Y / N Date: __/__/____

CHILD #4
Full Legal Name:_____ Nickname? _____
First Name Middle Name Last Name
Date of Birth: __/__/____ Gender? M / F Religion? _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

Please indicate sacraments received by this person and the dates they received, if known.
Baptism: Y / N Date: __/__/____ Confirmation: Y / N Date: __/__/____
1st Reconciliation: Y / N Date: __/__/____ If Married, please register separately.
1st Communion: Y / N Date: __/__/____

IF ANOTHER ADULT (such as a parent or in-law) lives with you, please list here. Those who are capable are asked to register.

Full Legal Name:_____ Nickname? _____
First Name Middle Name Last Name
Date of Birth: __/__/____ Gender? M / F Religion? _____

Does this person have any disabilities or special needs that the Church should know about to be able to provide a better ministry?

_____

Please indicate sacraments received by this person and the dates they received, if known.
Baptism: Y / N Date: __/__/____ Confirmation: Y / N Date: __/__/____
1st Reconciliation: Y / N Date: __/__/____ Matrimony: Y / N Date: __/__/____
1st Communion: Y / N Date: __/__/____ Last Parish Registered at? _____