ST. JOHN'S PARISH REGISTRATION FORM

Registration Date____/_____/_____ Envelope # _____ OFFICE USE ONLY

Mailing Names_____

Address_____Zip_____ Publish Address Y N

Primary Phone_____ Publish Phone Y N
Family Email_____ Publish Email Y N
Previous Parish_____ Add Flocknote Y N

ADULT FAMILY MEMBERS

1. MALE-First Middle & Last Name_____
   Preferred Name _____ Birthdate_____/_____/_____
   Catholic Y N Other_____
   Cell Phone_____ Email_____
   Baptism Y N Parish and Town_____
   Confirmation Y N Parish and town_____
   Convert Y N_____

   ( ) Married ( ) Single ( ) Widowed ( ) Divorced ( ) Separated
   Date of Marriage_____/_____/_____Place_____ _____Town/State_____
   Married Before? Husband Wife Both

2. FEMALE-First Middle and Last Name_____
   Preferred Name_____ Maiden Name_____ Birthdate_____/_____/_____
   Catholic Y N Other_____
   Cell Phone_____ Email_____
   Baptism Y N Parish andTown_____
   Confirmation Y N Parish and town_____
   Convert Y N_____

CHILDREN LIVING AT HOME (OR STILL IN COLLEGE) or OTHER ADULTS LIVING IN SAME HOUSEHOLD

First, Middle & Last Name	Sex	Birth Date	Where & Date Baptized?	First Comm	Confirmation	School Name	Grade	CCD?