

Saint John the Evangelist

Parish Registration Form

ast Name:			
ast Name:			

l First:	Middle	Last:	Cell :	phone:			
		(the last name th	e family is registered under)				
M First:	Middle	Maiden:	Cell phone:				
Address:			Home Phone:				
City			State	Zip			
Mailing Address (if different):		City	State	Zip			
Secondary Email: Were you previously reg	istered in another parish? arish:	□ Yes □ No					
Do we have permission	to publish your home nun	nber within the parish?	l Yes □ No				
ignature of person com	pleting this form		Date _				
Volunteering experience	/interest?						

Household Member Information

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

	Head 1	Head 2	o Other Adult o Child				
First & Middle Name							
Last Name							
Religion							
Birthdate (mm/dd/yyyy)							
Place of Birth							
Sex (M/F)							
Place/date of Baptism							
Place/date of First Communion							
Place/date of Confirmation							
Place/date of Marriage							
Occupation							
Company							
School/Grade							
* 1 Personal Status							
* 2 Disability							
* 3 Mass Attendance							

^{*1} MC: Marriage Catholic (recognized by church) MO: Married Other S: Single

^{*2} **B:** Blind **MH:** Mentally Handicapped **H:** Hearing Impaired **P:** Physically Disabled **H:** Home-bound **O:** Other

^{*3} **F**: Frequent **N**: Never **O**: Occasionally **S**: Sometimes