Children Information

Child's Name: _____   Birth Date: _____
Child's Religion: _____   Grade: _____
If Child is Catholic:

	Date	Place
Baptism	_____	_____
Confirmation	_____	_____
First Penance	_____	_____
First Communion	_____	_____

Children Information

Child's Name: _____   Birth Date: _____
Child's Religion: _____   Grade: _____
If Child is Catholic:

	Date	Place
Baptism	_____	_____
Confirmation	_____	_____
First Penance	_____	_____
First Communion	_____	_____

Children Information

Child's Name: _____   Birth Date: _____
Child's Religion: _____   Grade: _____
If Child is Catholic:

	Date	Place
Baptism	_____	_____
Confirmation	_____	_____
First Penance	_____	_____
First Communion	_____	_____

Thank you for taking time to complete **ALL** the necessary information in order to register you in our Parish. Upon registration you will receive a Welcom Packey which also includes temporary envelopes. Please call us at 355-3134 if you have any questions.

SAINT JOHN THE EVANGELIST CATHOLIC CHURCH
MEMBER REGISTRATION FORM

Name: _____

             Last   First   Middle   Title

Gender: _____ Birth Date: _____

Maiden Name: _____

Address Mail As: _____

_____

_____

Home Telephone: ( )_____ Education Completed: _____

Occupation: _____ Employer: _____

Bisiness Telephone: ( )_____ Cell Phone: ( )_____

	Date	Place
Baptism	_____	_____
Confirmation	_____	_____
First Penance	_____	_____
First Communion	_____	_____

MARITAL INFORMATION

Marital Status: _____ Marriage Date: _____

Practicing Religion: _____ Church Name: _____

Location: _____

SPOUSE INFORMATION

Spouse's Name: _____

             Last   First   Middle   Title

Maiden Name: _____ Birth Date: _____

Education Completed: _____ Employer: _____

Occupation: _____ Business Telephone: ( )

Spouse's Religion: _____ If Spouse is Catholic:

	Date	Place
Baptism	_____	_____
Confirmation	_____	_____
First Penance	_____	_____
First Communion	_____	_____

Today's Date: _____

Family Last Name

ID #