

St. John the Baptist Parish

622 E. Main St. ♦ Beloit, KS 67420

Parish Registration Form

BELOIT

GLASCO

MANKATO

ESBON

SMITH CENTER

Family Last Name: _____	Primary Phone: ____ - ____ - ____
Primary Email: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Street Address: _____	
City, State, ZIP: _____	
Would you like to receive Offering Envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church you are transferring from: _____ City: _____	

Head of Household

Gender: M F

First Name: _____	Middle Name: _____	Last Name: _____
Birth Date: ____/____/____	Religion: _____	Maiden Name: _____
Work Phone: ____ - ____ - ____	Cell Phone: ____ - ____ - ____	
Email: _____		
Sacraments Received: <input type="checkbox"/> Baptism	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> Reconciliation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation
St. John's Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Year: _____	

Information (please check all that apply)

Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Married by Catholic Priest <input type="checkbox"/> Married in Other Church <input type="checkbox"/> Civil Marriage (Judge) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Date Married: (M/D/Y) ____/____/____ Place Married: _____
If married outside of the church, was your marriage blessed in a Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If widowed, please list spouse's name: _____ Date of Death: ____/____/____

Other Adults Living in Household / Relationship: _____ **Gender:** M F

First Name:	Middle Name:	Last Name:
Birth Date: ____/____/____	Religion:	Maiden Name:
Work Phone: ____ - ____ - ____	Cell Phone: ____ - ____ - ____	
Email:		
Sacraments Received: <input type="checkbox"/> Baptism	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> Reconciliation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation
St. John's Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Year: _____	

If more space is needed, please use a separate sheet of paper.

Children Living in the Household

Child **Grandchild** **Other:** _____

First Name:	Middle Name:	Last Name (if different):
Birth Date: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Religion:
Current School Grade:	Current School:	
Sacraments Received: <input type="checkbox"/> Baptism	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> Reconciliation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation

Child **Grandchild** **Other:** _____

First Name:	Middle Name:	Last Name (if different):
Birth Date: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Religion:
Current School Grade:	Current School:	
Sacraments Received: <input type="checkbox"/> Baptism	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> Reconciliation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation

Child **Grandchild** **Other:** _____

First Name:	Middle Name:	Last Name (if different):
Birth Date: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Religion:
Current School Grade:	Current School:	
Sacraments Received: <input type="checkbox"/> Baptism	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> Reconciliation	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation
<input type="checkbox"/> Other	_____	

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