

St. John the Baptist Catholic Church

Parish Registration Form

Family Last Name: _____	Home Phone: ____ - ____ - ____
Family Email: _____	
Mailing Name: _____	
Street Address: _____	
City, State, ZIP: _____	

Household Information *(please check all that apply)*

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: ____/____/____
Church you are transferring from: _____ City: _____

Head of Household

First Name: _____	Middle Name: _____	Last Name: _____
Birth Date: ____/____/____	Religion: _____	Occupation: _____
Work Phone: ____ - ____ - ____	Cell Phone: ____ - ____ - ____	
Email: _____		
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation	

Spouse Other *(if other, please explain)*

First Name: _____	Middle Name: _____	Maiden Name: _____
Birth Date: ____/____/____	Religion: _____	Occupation: _____
Work Phone: ____ - ____ - ____	Cell Phone: ____ - ____ - ____	
Email: _____		
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	Baptism Place: _____	Date: ____/____/____
<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation	

Child **Grandchild** **Other** *(if other, please explain)*

First Name:	Middle Name:	Last Name <i>(if different)</i> :
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** *(if other, please explain)*

First Name:	Middle Name:	Last Name <i>(if different)</i> :
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** *(if other, please explain)*

First Name:	Middle Name:	Last Name <i>(if different)</i> :
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** *(if other, please explain)*

First Name:	Middle Name:	Last Name <i>(if different)</i> :
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** *(if other, please explain)*

First Name:	Middle Name:	Last Name <i>(if different)</i> :
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

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