

Today's Date

**St. John the Baptist Catholic Church
New Parishioner Registration**

Envelope Number (for office use)

CONFIDENTIAL
for Pastoral use only

Welcome to St. John's - we will be in contact with you to invite you to one of our monthly welcome meetings

Family Last Name: _____
Home Address: _____
City: _____ Zip Code: _____ - _____
Home Number: () -

Head of Household

Name: _____
(First) (Middle) (Last) (Maiden)
Religion _____
M/F
DOB: - -
Personal Email Address: _____ Cell Number: () -
Occupation: _____

Spouse

Name: _____
(First) (Middle) (Last) (Maiden)
Religion _____
M/F
DOB: - -
Personal Email Address: _____ Cell Number: () -
Occupation: _____

The sacraments are the heart of our faith - please share with us your sacramental information for our records.

Marital Status: Married Widowed Annulled Separated Divorced Single

Marriage Information: Church _____
City _____ State _____

Date: - -
Married Sacramentally in the Church Married but not Sacramentally in the Church

Adult Sacraments

Head of Household	date	Church (name, city and state)
Baptism	- -	
Eucharist	- -	
Confirmation	- -	

Spouse	date	Church (name, city and state)
Baptism	- -	
Eucharist	- -	
Confirmation	- -	

Please list any skills or talents that would be useful in volunteering at St. Johns

