



New Parishioner Registration Form

Today's Date:	Head of Household			Spouse
Title:	Mr. Mrs. Miss. Ms. Dr. Other _____			Mr. Mrs. Miss. Ms. Dr. Other _____
Name: First - Middle/Maiden - Last				
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthdate:	Date: ___/___/___			Date: ___/___/___
Address: City, State / Zip:				
Home Phone:	() - check if unlisted <input type="checkbox"/>			
Work Phone:	() -			() -
Cellular #:	() -			() -
Email Address:				
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>			
Anniversary Date:	Date: ___/___/___			
Occupation:				
Are your children enrolled in St. John School?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
The Leaven Subscription? <small>The Leaven is the Archdiocesan newspaper mailed to your home.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Donation Envelope preference: <small>Donation envelopes are mailed to your home bi-monthly including the parish newsletter.</small>	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> EFT <input type="checkbox"/>			
Sacraments:	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>			Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
Children's names First, middle and last	Birth Date	Grade	Gender	Sacraments --please mark if your child has received
1.	Date: ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
2.	Date: ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
3.	Date: ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
4.	Date: ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
5.	Date: ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>