ST JOHN THE EVANGELIST CATHOLIC CHURCH

New Parishioner Registration Form

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Other _____	Mr. Mrs. Miss. Ms. Dr. Other _____
Name: (First, Middle, Last)		
Preferred Nick/name:		
Sex: (Check one)	Male ☐ Female ☐	Male ☐ Female ☐
Birth Date: (mm/dd/yyyy)		
Mailing Address: (City, State, Zip)		
Home Phone:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Cell Phone:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Work Phone	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Extra Phone:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Marital Status:		
Anniversary Date:		
Occupation:		
Employer:		
Are your children enrolled in St. John School?	yes ☐ no ☐	
Donation Envelope Preference:	Monthly ☐ Weekly ☐ EFT ☐	
Baptized:	yes ☐ no ☐ Date:	yes ☐ no ☐ Date:
Preferred Language:		
Email communication:	Preferred Email for church communications:	Would you like to receive the weekly email, updates and reminders from St. John? yes ☐ no ☐
New Parishioner Mentor:	Would you like to be assigned a New Parishioner Mentor? yes ☐ no ☐	

Children

Name (First, Middle, Last)	**Birth Date**	**Baptized**	**Grade**	**Living at home?**
		yes ☐ Date:		yes ☐ no ☐
		yes ☐ Date:		yes ☐ no ☐
		yes ☐ Date:		yes ☐ no ☐
		yes ☐ Date:		yes ☐ no ☐
		yes ☐ Date:		yes ☐ no ☐
		yes ☐ Date:		yes ☐ no ☐