



# St John the Baptist

*Growing in Faith Through Stewardship*

OFFICE USE ONLY

ID# \_\_\_\_\_

## PARISH REGISTRATION FORM (Please print)

Date: \_\_\_\_\_  
 How long with parish: \_\_\_\_\_  
 Check Mass most frequently attended:  
     5:30 Sat      9:00 AM  
     11:30 AM     Life Teen

Information which is special to yourself or a family member, please list name and details about need in comment section below  
 Large print worship aid       Special needs relating to education class  
 Wheelchair seating             Gluten intolerant  
 Homebound services             Other \_\_\_\_\_

RELATIONSHIP	HEAD   SPOUSE   ADULT (please check one)	HEAD   SPOUSE   ADULT (please check one)
NAME	<i>Last, First Middle</i>	<i>Last, First Middle</i>
NICKNAME		
BIRTHDATE	(mm/dd/yy)	(mm/dd/yy)
ETHNICITY		
RELIGION		
OCCUPATION		
EMPLOYER		
WORK PHONE		
CELL PHONE		
EMAIL		

HOME PHONE \_\_\_\_\_ FAMILY STATUS:  Single  Married  Divorced  Widowed  
 MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 (if different than mailing address: \_\_\_\_\_)

CHILDREN (living at home): FULL NAME (First, Middle, Last)	NICKNAME	GENDER	BIRTHDATE	GRADE	RELIGION	ETHNICITY

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_