



St John the Baptist

Growing in Faith Through Stewardship

PARISH REGISTRATION FORM (Please print)

NAME (first/last): _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE : _____

MOBILE CARRIER: _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

STREET ADDRESS: _____ CITY _____ ZIP _____
(if different than mailing address)

BIRTHDATE (mo/day/year): _____ GENDER: Male Female

MARITAL STATUS: Single Married Widowed Separated Divorced

ETHNICITY: _____ PREFERRED LANGUAGE: _____

WHAT BEST DESCRIBES YOU: Practicing Catholic I am returning to the Catholic Faith Non-Catholic

FAMILY MEMBER #2

NAME (first/last): _____

EMAIL: _____

MOBILE PHONE: _____

BIRTHDATE (mo/day/year): _____ GENDER: Male Female

RELATIONSHIP TO PRIMARY : Spouse Child Parent Grandparent Other

ETHNICITY: _____ PREFERRED LANGUAGE: _____

WHAT BEST DESCRIBES YOU: Practicing Catholic I am returning to the Catholic Faith Non-Catholic

ADDITIONAL FAMILY MEMBERS

NAME (first/last): _____ EMAIL: _____

BIRTHDATE (mo/day/year): _____ GENDER: Male Female RELATIONSHIP TO PRIMARY : Child Other

NAME (first/last): _____ EMAIL: _____

BIRTHDATE (mo/day/year): _____ GENDER: Male Female RELATIONSHIP TO PRIMARY : Child Other

NAME (first/last): _____ EMAIL: _____

BIRTHDATE (mo/day/year): _____ GENDER: Male Female RELATIONSHIP TO PRIMARY : Child Other

NAME (first/last): _____ EMAIL: _____

BIRTHDATE (mo/day/year): _____ GENDER: Male Female RELATIONSHIP TO PRIMARY : Child Other

HOUSEHOLD INFORMATION

ARE YOU CURRENTLY REGISTERED AT ANOTHER PARISH? Yes No

If yes, please provide parish name, city and state: _____

WOULD YOU LIKE TO RECEIVE GIVING ENVELOPES? Yes No

WOULD YOU LIKE TO RECEIVE OUR BULLETIN VIA EMAIL? Yes No