

Saint John of God Parish Registration Form

Family Last name _____ Date _____

Home Address _____ State _____ Zip _____

Home Phone # _____ Private or Listed (Circle one)

Do you want to receive Church envelopes? Yes or no (circle one)

Mailing Address _____ State _____ Zip _____

(If Different)

Marital Status
(Please check one)

Married in the Catholic Church Date _____

Married but not in the Catholic Church Date _____

Divorced Date _____

Widowed

Separated Date _____

Single

Cohabiting

Husband or Male Information

Name _____

Date of Birth _____

Religion _____

Occupation _____

Personal Email _____

Cell Phone # _____

What language do you speak
beside English _____

Wife or Female Information

Name _____

Date of Birth _____

Religion _____

Occupation _____

Personal Email _____

Maiden Name _____

Cell Phone # _____

What language do you speak
beside English _____

Sacraments Received

Baptized (circle one) Yes No

First Communion (circle one) Yes No

Confirmation (Circle One) Yes No

Any Special Needs? _____
Blind, Deaf, physical or challenge, shut-in, other

Sacraments Received

Baptized (circle one) Yes No

First Communion (circle one) Yes No

Confirmation (Circle One) Yes No

Any Special Needs? _____
Blind, Deaf, physical or challenge, shut-in, other

For Office Use only: ID/Env: _____ 2nd ID: _____

Please fill out other side for children and/or adults living in house

Child /Adult (circle one)

Last Name _____ First _____ Middle _____

Gender Male Female (Circle One) Religion _____ Grade _____

Date of Birth _____ Any Special Needs? _____

(Blind, Deaf, physical or challenge, shut-in, other)

Relation to Head of Household Child Stepchild grandchild Other _____

Cell Phone & email (if applicable) _____

Church & Date of Baptism (If Applicable) _____

Church & Date of First Communion (If Applicable) _____

Child /Adult (circle one)

Last Name _____ First _____ Middle _____

Gender Male Female (Circle One) Religion _____ Grade _____

Date of Birth _____ Any Special Needs? _____

(Blind, Deaf, physical or challenge, shut-in, other)

Relation to Head of Household Child Stepchild grandchild Other _____

Cell Phone & email (if applicable) _____

Church & Date of Baptism (If Applicable) _____

Church & Date of First Communion (If Applicable) _____

Church & Date of Confirmation (If Applicable) _____

Child /Adult (circle one)

Last Name _____ First _____ Middle _____

Gender Male Female (Circle One) Religion _____ Grade _____

Date of Birth _____ Any Special Needs? _____

(Blind, Deaf, physical or challenge, shut-in, other)

Relation to Head of Household Child Stepchild grandchild Other _____

Cell Phone & email (if applicable) _____

Church & Date of Baptism (If Applicable) _____

Church & Date of First Communion (If Applicable) _____

Church & Date of Confirmation (If Applicable) _____

Child /Adult (circle one)

Last Name _____ First _____ Middle _____

Gender Male Female (Circle One) Religion _____ Grade _____

Date of Birth _____ Any Special Needs? _____

(Blind, Deaf, physical or challenge, shut-in, other)

Relation to Head of Household Child Stepchild grandchild Other _____

Cell Phone & email (if applicable) _____

Church & Date of Baptism (If Applicable) _____

Church & Date of First Communion (If Applicable) _____

Church & Date of Confirmation (If Applicable) _____

If necessary fill out the back of a second sheet for more child/adults.