

**SAINT JOHN THE BAPTIST ROMAN CATHOLIC CHURCH
FAMILY REGISTRATION**

Account # _____

Date _____

FAMILY NAME _____ Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____ E-mail _____

ADULT NAME _____ (Maiden) _____ Sex _____ DOB _____

Occupation _____ Ethnicity _____ Religion _____

Sacraments received (*Check all that apply*): Baptism _____ First Communion _____ Confirmation _____

ADULT NAME _____ (Maiden) _____ Sex _____ DOB _____

Occupation _____ Ethnicity _____ Religion _____

Sacraments received (*Check all that apply*): Baptism _____ First Communion _____ Confirmation _____

MARITAL STATUS (*check one*)

Married _____ Single _____ Engaged _____ Separated _____ Divorced _____ Widowed _____ Date _____

If married, were you married in the Catholic Church? Yes _____ No _____ Date of wedding _____

If no, would you like information on how to have your marriage blessed in the Catholic Church Yes _____ No _____

Married Other Church/Civil _____ Date _____

CHILD _____ Sex _____ DOB _____ Religion _____

Sacraments received: Baptism _____ First Communion _____ Confirmation _____ Ethnicity _____

CHILD _____ Sex _____ DOB _____ Religion _____

Sacraments received: Baptism _____ First Communion _____ Confirmation _____ Ethnicity _____

CHILD _____ Sex _____ DOB _____ Religion _____

Sacraments received: Baptism _____ First Communion _____ Confirmation _____ Ethnicity _____

Other living in household _____ Sex _____ DOB _____ Religion _____

Sacraments received: Baptism _____ First Communion _____ Confirmation _____ Ethnicity _____

(LIST ADDITIONAL PERSONS ON THE REVERSE SIDE)

Would you like to receive contribution envelopes? Yes _____ No _____

Would you like information about online giving through Vanco? Yes _____ No _____