

St. John the Baptist Catholic Church

Family Registration

Date: ___/___/___

Name: _____ Maiden Name (if applicable): _____

DOB: ___/___/___ Work Phone: _____ Occupation: _____

Catholic: Y/N Baptized: Y/N Faith of Baptism: _____

First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N

Marital Status: Single / Married / Widowed / Divorced

Marriage Date: ___/___/___ Spouse Date of Death: ___/___/___

1) Were you married in the Catholic Church? Y/N _____

2) If not, were you granted permission by the Catholic Church to do so? Y/N _____

Spouse Name: _____ Maiden Name (if applicable): _____

DOB: ___/___/___ Work Phone: _____ Occupation: _____

Catholic: Y/N Baptized: Y/N Faith of Baptism: _____

First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N

Physical Address: _____ City: _____ State/Zip: _____

Mailing Address: _____ Home Phone: _____

Family Email(s): _____

Sunday Offertory: Would you like to receive **traditional envelopes**? Y / N

Have You Lost any Children?

Name: _____ DOB ___/___/___ DOD ___/___/___

Name: _____ DOB ___/___/___ DOD ___/___/___

Children Living at Home (continued on back)

Last Name _____ First Name _____ DOB ___/___/___ Sex: M/F

Catholic: Y/N Baptized: Y/N Faith of Baptism: _____

First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N

Last Name _____ First Name _____ DOB ___/___/___ Sex: M/F

Catholic: Y/N Baptized: Y/N Faith of Baptism: _____

First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N

Last Name _____ First Name _____ DOB ___/___/___ Sex: M/F
Catholic: Y/N Baptized: Y/ N Faith of Baptism: _____
First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N

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Catholic: Y/N Baptized: Y/ N Faith of Baptism: _____
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Catholic: Y/N Baptized: Y/ N Faith of Baptism: _____
First Reconciliation: Y/N First Eucharist: Y/N Confirmed: Y/N