

Registration Date: _____

**St. John Catholic Church
Parish Registration Form**

Please complete and return to the Church Office or through the offertory

Family Name: _____ # of Family Members Registering: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: (Home) _____ (Cell) _____
Do you wish to receive: Offertory envelopes? _____ (yes/no) Tennessee Register? _____ (yes/no)

Last Name: _____ First Name: _____ Middle Name: _____
Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____
Relationship: (Head/Spouse/Son/Daughter/Other) _____
Religious Affiliation _____ If a student, Grade/School? _____
Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #1

Last Name: _____ First Name: _____ Middle Name: _____
Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____
Relationship: (Head/Spouse/Son/Daughter/Other) _____
Religious Affiliation _____ If a student, Grade/School? _____
Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #2

Last Name: _____ First Name: _____ Middle Name: _____
Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____
Relationship: (Head/Spouse/Son/Daughter/Other) _____
Religious Affiliation _____ If a student, Grade/School? _____
Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #3

Last Name: _____ First Name: _____ Middle Name: _____
Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____
Relationship: (Head/Spouse/Son/Daughter/Other) _____
Religious Affiliation _____ If a student, Grade/School? _____
Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #4

Last Name: _____ First Name: _____ Middle Name: _____
Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____
Relationship: (Head/Spouse/Son/Daughter/Other) _____
Religious Affiliation _____ If a student, Grade/School? _____
Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Please use a separate sheet for additional family members