

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

Date _____

Family Name _____ Street Address _____

City _____ State _____ Zip Code _____

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

Head of Household's Name _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

Spouse's Name _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

Marital Status *(check one)*

Single _____ Separated _____ Date _____

Married Catholic _____ Date _____ Divorced _____ Date _____

Married Other Church/Civil _____ Date _____ Widowed _____ Date _____

Engaged _____ Date _____

Child _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

Child _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

Child _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

(List additional children on the reverse side)

Others Living in Household _____ Sex _____ DOB _____ Denomination _____

Baptism _____ First Communion _____ Confirmation _____ Race _____

Relationship _____

(List additional persons on the reverse side)

Would you like a home visit or house blessing? _____

Comments, needs, requests: