

# ST. JOHN PAUL II PARISH

## NEW PARISHIONER REGISTRATION FORM

All information will be kept confidential

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

|   |   |
|---|---|
| <b>Husband First Name:</b> _____                      | <b>Wife First Name:</b> _____                         |
| <b>Birthday:</b> _____                                | <b>Birthday:</b> _____                                |
| <b>Sacraments:</b> Baptism _____ Reconciliation _____ | <b>Sacraments:</b> Baptism _____ Reconciliation _____ |
| Eucharist _____ Confirmation _____ Marriage _____     | Eucharist _____ Confirmation _____ Marriage _____     |
| <b>Religion:</b> _____                                | <b>Religion:</b> _____                                |

**Marital Status:** Married Church \_\_\_\_ Civil \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widow \_\_\_\_

If married, please list date and place of marriage: \_\_\_\_\_

### CHILDREN

1. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Attends Religious Education Yes \_\_\_\_ No \_\_\_\_ If yes, please specify where \_\_\_\_\_

2. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Attends Religious Education Yes \_\_\_\_ No \_\_\_\_ If yes, please specify where \_\_\_\_\_

3. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Attends Religious Education Yes \_\_\_\_ No \_\_\_\_ If yes, please specify where \_\_\_\_\_

4. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Attends Religious Education Yes \_\_\_\_ No \_\_\_\_ If yes, please specify where \_\_\_\_\_