

**St. John the Evangelist, St. Agnes, St. Boniface**

PO Box 309  
304 H Street  
Stapleton NE 69163

**Family Information**

Last Name	_____	Envelope Number	_____
Family Email	_____	Mailing Name	_____
Home Phone ( ) -	_____	Emergency Phone ( ) -	_____

**Address Information**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Publish Phone     Publish Address     Publish Email     Receive Visits     Receive Contributions Envelopes

**Member Information**

First Name	_____	Status at Parish	_____
Role	_____	Nick Name	_____
Date of Birth	_____	Gender	M / F
Email	_____	MaidenName	_____
Ethnicity	_____	Birth Place	_____
First Language	_____	Work Phone ( ) -	_____
Special Needs	_____	Cell Phone ( ) -	_____
		High School Grad Year	_____

**Sacrament Information**

<input type="checkbox"/> Catholic	_____	<input type="checkbox"/> Baptism	____/____/____
		Location	_____
<input type="checkbox"/> Reconciliation Prep	____/____/____	<input type="checkbox"/> First Eucharist	____/____/____
Location	_____	Location	_____
<input type="checkbox"/> Confirmation	____/____/____	<input type="checkbox"/> Catholic Marriage	____/____/____
Location	_____	Location	_____

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Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_  
Ethnicity \_\_\_\_\_  
First Language \_\_\_\_\_  
Special Needs \_\_\_\_\_

Status at Parish \_\_\_\_\_

Nick Name \_\_\_\_\_  
Gender M / F  
MaidenName \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Work Phone ( ) - \_\_\_\_\_  
Cell Phone ( ) - \_\_\_\_\_  
High School Grad Year \_\_\_\_\_

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Location \_\_\_\_\_  
 Confirmation  
Location \_\_\_\_\_

Baptism  
Location \_\_\_\_\_  
 First Eucharist  
Location \_\_\_\_\_  
 Catholic Marriage  
Location \_\_\_\_\_

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Role \_\_\_\_\_  
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First Language \_\_\_\_\_  
Special Needs \_\_\_\_\_

Status at Parish \_\_\_\_\_

Nick Name \_\_\_\_\_  
Gender M / F  
Maiden Name \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Work Phone ( ) - \_\_\_\_\_  
Cell Phone ( ) - \_\_\_\_\_  
High School Grad Year \_\_\_\_\_

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