

Confidential Parish Registration

St. John the Baptist Catholic Church

2400 Mayport Road. Jacksonville, FL 32233

Website: www.saintjohnsatlanticbeach.org

email: StJohntheBaptistAB@gmail.com

Clearly PRINT all information!

Family's LAST NAME: _____ Home Ph# _____

Home Street Address: _____

City: _____ Zip Code _____

Offertory Giving Options: Offertory envelopes: Would you like them?
(circle) Yes No

Online Giving at: saintjohnsatlanticbeach.org/online-giving

And/or download the myParish app by texting APP to 88202
and selecting St John John's, Atlantic Beach

Family Information

1. Head of Household:

First name: _____ M.I. _____ Last Name: _____ Jr/Sr: _____

D.O.B: _____ sex: M F Religion: _____

Cell Phone: _____ Email: _____

Occupation: _____ Single _____ Married _____ Separated _____ Divorced _____ Annulled _____ Widowed _____

Sacraments Received: Catholic Marriage: _____ Civil Marriage: _____

Catholic Baptism: _____ Eucharist: _____ Reconciliation: _____ Confirmation: _____

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2. Relation to Head of Household (spouse/child/other):

First name: _____ M.I. _____ Last Name: _____ Jr/Sr: _____

D.O.B: _____ sex: M F Religion: _____

Cell Phone: _____ Email: _____

Occupation: _____ Single _____ Married _____ Separated _____ Divorced _____ Annulled _____ Widowed _____

Sacraments Received: Catholic Baptism: _____ Eucharist: _____ Reconciliation: _____ Confirmation: _____

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3. Relation to Head of Household (spouse/child/other): _____

First name: _____ M.I. _____ Last Name: _____ Jr/Sr: _____

D.O.B: _____ sex: M F Religion: _____

Cell Phone: _____ Email: _____

Occupation: _____ Single _____ Married _____ Separated _____ Divorced _____ Annulled _____ Widowed _____

Sacraments Received: Catholic Baptism: _____ Eucharist: _____ Reconciliation: _____ Confirmation: _____

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4. Relation to Head of Household (spouse/child/other): _____

First name: _____ M.I. _____ Last Name: _____ Jr/Sr: _____

D.O.B: _____ sex: M F Religion: _____

Cell Phone: _____ Email: _____

Occupation: _____ Single _____ Married _____ Separated _____ Divorced _____ Annulled _____ Widowed _____

Sacraments Received: Catholic Baptism: _____ Eucharist: _____ Reconciliation: _____ Confirmation: _____

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5. Relation to Head of Household (spouse/child/other): _____

First name: _____ M.I. _____ Last Name: _____ Jr/Sr: _____

D.O.B: _____ sex: M F Religion: _____

Cell Phone: _____ Email: _____

Occupation: _____ Single _____ Married _____ Separated _____ Divorced _____ Annulled _____ Widowed _____

Sacraments Received: Catholic Baptism: _____ Eucharist: _____ Reconciliation: _____ Confirmation: _____

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Ministries offered at St. John's: (check any that you are interested in)

Liturgical Ministries

___ Altar Server

___ Hospitality

___ Lector

___ Music Ministry (Choir)

___ Eucharistic Minister

___ Sacristan

___ Art & Environment (decorating)

Pastoral Ministries

___ Religious Education (children)

___ Religious Education Catechist

___ RCIA (Rite of Christian/Adults)

___ RCIA Catechist Team

___ Vacation Bible School

___ Adult Faith Formation

Social Service Ministries

___ Emergency Assistance

___ Ladies Guild

___ Knights of Columbus

___ Young Church (high school)

___ Health & Wellness

___ Bereavement