



WELCOME NEW PARISHIONERS!

Registration Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

Are there any members of your household that would like to be visited by a priest?

Individual Family Member Information (Please include maiden name if applicable.)

1- Name: First, Last

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ First Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sacramental Information: (If Yes, please add date.)

Baptized \_\_\_\_\_ Catholic? \_\_\_\_\_ First Reconciliation \_\_\_\_\_

First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Marital Status: \_\_\_\_\_ Valid Catholic Marriage? Yes \_\_\_ No \_\_\_

2 - Name: First, Last

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ First Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sacramental Information: (If Yes, please add date.)

Baptized \_\_\_\_\_ Catholic? \_\_\_\_\_ First Reconciliation \_\_\_\_\_

First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Marital Status: \_\_\_\_\_ Valid Catholic Marriage? Yes \_\_\_ No \_\_\_

## DEPENDENT CHILDREN

First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____	First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____
First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____	First: _____ Last: _____ Gender: _____ Date of Birth: _____ First Language: _____ Baptized ___ Date: _____ Catholic? ___ First Reconciliation ___ Date: _____ First Communion ___ Date: _____ Confirmation ___ Date: _____ Current School: _____ High School Graduation Year: _____

(For more children or family members, please print additional Page 2.)

### Ministries Interest

(Please check all that apply.)

#### Liturgical Ministries

- Lector
- Altar Server
- Altar Cloths & Linens
- Extraordinary Ministers of Holy Communion:
- Usher and Greeter:
- Nursing Home Ministry:
- Eucharistic Ministers for Sick & Homebound

#### Music Ministry

- Choir
- St. John Choir
- High School Choir

#### Youth Ministries

- Youth Group
- Youth Group Parent Advisory

#### Faith Formation

- Alpha Program
- Women's Retreat
- Catechist
- Healing Passages of Life
- Prayer Group
- Scripture Group
- Parish Bible Study
- Becoming Catholic RCIA

#### Social & Outreach Ministries

- Caring Ministry
- New Covenant Soup Kitchen
- Dove Ministry

#### Feed My Starving Children

- Prayer Shawl Ministry
  - Sewing Group
  - Parish Nurse
- #### Family Life
- Books & Beer
  - Men's Saturday Morning
  - Coffee & Conversation
  - Knights of Columbus
  - St. John Preschool
  - Parent's Association
  - Seniors Ministry (Chat & Chew)

#### Parish Leadership

- Parish Council
- Finance Committee
- Building & Grounds Committee
- Lay Members of the Parish Corp