

St. John Vianney Parish Registration Form

Parish Number _____

Today's Date: _____/_____/_____
Month Day Year

Please print using a pen.

INFORMATION

LAST NAME	HUSBAND	WIFE	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MR. & MRS. <input type="checkbox"/> MS <input type="checkbox"/> MISS
STREET ADDRESS	APT. NO.	CITY	ZIP CODE
email address	email address		

(408) _____ Unlisted

We will send Sunday stewardship envelopes to you in about two months.
(Every parishioner is expected to support the work of the church only the amount differs from family to family in terms of time, talent or treasure.)

ADULT: HUSBAND

FIRST NAME (and Nickname)	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)	SACRAMENTS RECEIVED
OCCUPATION	RELIGION		<input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
WORK PHONE: (____) _____			
LANGUAGES SPOKEN	HIGHEST GRADE		
<input type="checkbox"/> SINGLE	<input type="checkbox"/> CATHOLIC WEDDING	<input type="checkbox"/> SEPARATED	
<input type="checkbox"/> WIDOWED	<input type="checkbox"/> NON CATHOLIC WEDDING	<input type="checkbox"/> DIVORCED	

DATE OF MARRIAGE _____

ADULT: WIFE

FIRST NAME (and Nickname)	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)	SACRAMENTS RECEIVED
OCCUPATION	RELIGION		<input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
WORK PHONE: (____) _____			
LANGUAGES SPOKEN	HIGHEST GRADE.		

SPECIAL INTERESTS OR SKILLS: _____

(Please indicate if you are serving as a lector, Eucharistic Minister, Server or a member of any organization in the parish. If you have a skill or talent you can share, please list: e.g. clerical skills, carpentry, baking, phoning, etc.)

CHILDREN LIVING AT HOME (under age 18):

(Adult children, eighteen or older, living with parents should fill out their own registration form.)

NAME	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)
SCHOOL OR OCCUPATION	RELIGION	SACRAMENTS RECEIVED <input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
LANGUAGES SPOKEN	GRADE OR HIGHEST GRADE	

CHILD:

FIRST NAME	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)
OCCUPATION	RELIGION	SACRAMENTS RECEIVED <input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
LANGUAGES SPOKEN	HIGHEST GRADE	

CHILD:

FIRST NAME	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)
OCCUPATION	RELIGION	SACRAMENTS RECEIVED <input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
LANGUAGES SPOKEN	HIGHEST GRADE	

CHILD:

FIRST NAME	DATE OF BIRTH	PLACE OF BIRTH (City and State/Country)
OCCUPATION	RELIGION	SACRAMENTS RECEIVED <input type="checkbox"/> BAPTIZED <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION
LANGUAGES SPOKEN	HIGHEST GRADE	