

St. John the Evangelist Parish Registration Form

Family Name	Street Address	Apt. No.	Home Phone

For Official Use
ID/Envelope Number: _____
Registry Date: _____
Posted: _____

City	State	ZIP	Wife's Maiden Name

E-Mail Address: _____

First Name	M.I.	Nickname	Sex	Student Attend CCE (Y/N)	Baptism (Y/N)	Confirmation (Y/N)	First Eucharist (Y/N)	Use Number Codes Below				Occupation	Work Phone	Birth Date	
								Marriage (a)	Special Situation (b)	Religion (c)	Foreign Language (d)				
Head of Household															
Spouse															

Would you like to receive envelopes for donations to the church?	YES	NO
--	-----	----

Codes:

a. Marriage	b. Special Situation	c. Religion	d. Language	Are you interested in serving in any ministries: Yes _____ Not at this time _____
<ol style="list-style-type: none"> 1. Catholic Church Marriage 2. Other Church Marriage 3. Civil Marriage 4. Single 5. Separated 6. Divorced 7. Widowed <p>Date _____</p>	<ol style="list-style-type: none"> 1. Blind 2. Deaf 3. Mental Handicap 4. Physical Handicap 5. Shut-in 	<ol style="list-style-type: none"> 1. Catholic 2. Baptist 3. Episcopalian 4. Lutheran 5. Methodist 6. Presbyterian 7. Other (Please specify): _____ 	<ol style="list-style-type: none"> 1. English only 2. Spanish only 3. Vietnamese only 4. English/Spanish 5. English/Vietnamese 6. Other (Please specify): _____ 	<p>Which ministry - Circle one:</p> <p>Hospitality EOM Lector Music CCE Festival Art & Environment</p> <p>Additional Comments:</p>