

St. John the Baptist Catholic Church

PARISH REGISTRATION FORM

ALL INFORMATION IS CONFIDENTIAL

PLEASE PRINT YOUR INFORMATION

ID. # _____ Date: _____ Office Use Only	Please drop in Registration Box or mail to: For information call: (361) 293-3518 or email secretary@stj catholicchurch.com	P.O. Box 201 Sweet Home, TX 77987
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Family Information Family Last Name: _____ Street Address: _____ Mailing Address: _____ City, State, Zip _____	Parish Envelope ID Number: _____ Home Phone: (361) _____ Please CIRCLE Yes or No below: Do you receive Parish envelopes? Yes No Do you <u>want</u> Parish envelopes? Yes No
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Household Information

Male

First Name, Middle Name or Initial: _____

Female

Maiden Name: _____
First Name, Middle Name or Initial: _____

Marital Status (circle one): Single Married *please specify if the marriage is:* Catholic (through the Church) OR Civil (outside the Church)
 Divorced Separated Widowed

Married in Church of another Religion? _____

Birth Date (M/D/YYYY): _____

Birth Date (M/D/YYYY): _____

Languages Spoken: _____

Languages Spoken: _____

Religion: _____

Religion: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work Phone: (361) _____

Work Phone: (361) _____

Cell Phone: () _____

Cell Phone: () _____

