

St. John Vianney Parish Registration

Date: _____

Head of Household: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell #: _____ Email: _____

Date of Baptism: _____ Name of Church: _____

City/State: _____

Have you received Confirmation: YES Date: _____ NO

If Yes: Church/City/State: _____

Married in the Catholic Church? YES Date: _____ NO

If Yes: Church/City/State: _____

Do you want to receive offering envelopes? YES NO

Will you donate online via www.saintjohnvianneychurch.org? YES NO

Spouse (include maiden name): _____

Date of Birth: _____ Cell #: _____ Email: _____

Date of Baptism: _____ Name of Church: _____

City/State: _____

Have you received Confirmation: YES Date: _____ NO

If Yes: Church/City/State: _____

FOR MINISTRY INTEREST & CHILDREN INFORMATION (please turn on back)

CHILD'S NAME	BIRTHDATE	DATE OF BAPTISM	CHURCH OF BAPTISM w/city & state	DATE OF FIRST COMMUNION	DATE OF CONFIRMATION

Is any family member interested in learning more about the following
Ministries of our Parish?

Knights of Columbus

St. Martha's Guild

Legion of Mary

Lector / Altar Server

St. Vincent de Paul

Greeter / Usher

RELIGIOUS EDUCATION

CCD (Kindergarten (age 4-5) through 12)

RCIA (Adults wanting to learn more about the Catholic Faith)