

St. John the Apostle Catholic Church

Parish Registration

Parish Number: _____ Date: _____

Last Name _____

Language: English Spanish Other _____ Nationality: _____

Address: _____ City/State: _____ Zip Code _____

Telephone () _____ () _____
Cell Other

Email Address: _____

Family Status: Married-Church Married-Civil Single Widowed
 Single Parent Separated Divorced

Parish of Marriage _____ City _____ Date _____

	First Name	Date of Birth	Religion		Baptized? Yes/No	1st Comunion? Yes/No	Confirmation? Yes/No
			Catholic	Other			
Self							
Husband							
Wife							

Maiden Name _____

What's your Occupation?

Self _____ Husband _____ Wife _____

CHILDREN LIVING AT HOME

First Name	Date of Birth	Baptized? Yes/No	1st Comunion? Yes/No	Confirmation? Yes/No	School	Grade	Rel. Ed.	Occupation

Other	Relation	Date of Birth	Religion		Baptized? Yes/No	1st Comunion? Yes/No	Confirmation? Yes/No
			Catholic	Other			