

St. John the Evangelist Family Registration and Census Form

Office Envelope #:
Use Only Original Registration Date:

Last Name _____ Title (circle one): Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Dr. & Mrs. Mr. & Dr. Dr. & Dr.

Address _____ E-mail Address _____

City & State _____ Zip _____ Phone () _____ Listed _____ Unlisted _____

Marital Status (circle one): Single Married Separated Divorced Widowed If married is marriage recognized by Catholic Church? Yes No

Previous parish and city _____

Date Re-registered / / Homebound? Yes No

REQUIRED DATA	Adult	Adult	Child	Child	Child	Child	Child or Other
First Name							
Last Name, if different							
Maiden Name							
Religion							
Disability							
Languages Spoken							
Gender (circle one)	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female
Date of Birth							
Baptism (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Communion (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Occupation	COMMENTS:						
Location							
Business Phone							

- Ministries which I am interested in:
- A. Altar Server
 - B. Lector
 - C. Choir
 - D. RCIA
 - E. Extraordinary Minister
 - F. Art & Environment
 - G. Knight of Columbus
 - H. Altar Rosary
 - I. Catechist
 - J. Usher
 - K. Social Concerns
 - L. Catholic Daughters
 - M. Activities Committee
 - N. Children's Liturgy of the Word
 - O. Stewardship Committee
 - P. Building & Maintenance Committee
 - Q. Other