Envelope #:
Registration Date:
FOR OFFICE USE ONLY

New Parishioner Registration Form

St. John the Evangelist Church

317 First Street, Dunellen, NJ 08812 Phone: 732-968-2621 Email: stjev@verizon.net

Please fill out this registration form and return into the Parish Office via US Mail, e-mail, or collection basket.

Family/Last Name			
Street Address			
City, State			
Zip Code			
Main Phone Number			······································
Alternate Phone Nun	nber		**************************************
Email			
LIEAD	OF HOUSEHOLD		SPOUSE
First	OF HOUSEHOLD	First	SPOUSE
Title (Mr./Mrs./Miss/ Ms.)		Maiden	
Gender	□ M □ F	Gender	□ M □ F
Date of Birth		Date of Birth	
Baptized	Yes No	Baptized	Yes No
Church of Baptism		Church of Baptism	
Communion	Yes No	Communion	Yes No
Confirmation	Yes No	Confirmation	Yes No
Practicing	Yes No	Practicing	Yes No
Occupation		Occupation	
Marital Status	☐ Married ☐ Single ☐ Divorced ☐ Widowed Church in were you married:		

Altar Carus	☐ Catechists		RCIA (Rite of Christian Initiation for Adults) Altar Rosary Prayer Group			☐ Music Ministry/Choir ☐ Fundraising/Stewardship ☐ Arts & Environment Committee		
☐ Altar Server ☐ Catholic Daughters of America		Knights of C		Building Maintenance				
Social Concerns Youth Group		Hospitality Committee Bible Study			Usher Clerical Support			

Usher					••			
dicate sacrame	nts received fo	r each child.						
		CHILDREN LIVI	NG IN HOU	SEHOLD				
First Name	Last Name	Date of Birth	Baptized	Church of Baptism	Communion	Confirme		

		<u></u>						
	OTH	R ADULTS LIVI	NG IN THE	HOUSEHOLD				
First Name	Last Name	Date of Birth	Baptized	Church of Baptism	Marital Status			
					Married [Divorced]	Single Widowed		
					Married [Divorced	Single Widowed		
					Married Divorced	Single Widowed		
						vvidowet		
evious Parish:				*************************************				
e there homebou	nd needs in the	household?	Yes No					
					nsdunellen.org/			