ST. JOHN NEUMANN CHURCH - NEW PARISHIONER REGISTRATION FORM

Welcome to St. John Neumann Parish and thank you for registering! The information below will be entered into our Parish Database and used by the priests and staff. The information will be held in strict confidence and you supply only the information that you feel appropriate.

Please feel free to call the office if we can be of assistance.

We look forward to your active participation in our community!

Household Information (please PRINT clearly)						
Family (Household) Name:			-			
		Home Phone: ()				
Member Information (1) (please PRINT clearly)						
Full Name:	(First)				(Maiden)	
Date of Birth:	cell p	cell phone #: E-Mail Address:				
Religion: Occupation: Place a check next to the sacraments that have been received. □ Baptism - Month/Year / Church: □ Reconciliation □ Eucharist □ Confirmation						
Member Information (2) (please PRINT clearly)						
Full Name:						
Date of Birth:	cell phone #:			E-Mail Address:		
Religion:		_	Occupation:			
Place a check next to the sacraments that have been received. Baptism - Month/Year/ Church:						
Reconciliation Eucharist Confirmation						
Marital Status for above member (s)						
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Were you married by a Catholic Priest? ☐ Yes ☐ No						
If not married by a priest, was a dispensation granted for this marriage? ☐ Yes ☐ No						

Revised – 7/17 Over please

Please provide the name and city of the Church where this marriage is recorded:

Other Members of the Household 3) Full Name: (First) (Middle) (Last) Relationship: _ Date of Birth: _____ cell phone #: _____ E-Mail Address: ____ Religion: __ Place a check next to the sacraments that have been received. Baptism - Month/Year _____ Church: _ ☐ Reconciliation ☐ Eucharist ☐ Confirmation 4) Full Name: ___ (First) (Middle) (Last) Relationship: ___ Date of Birth: _____ cell phone #: _____ E-Mail Address: ____ Place a check next to the sacraments that have been received. □ Baptism - Month/Year ____/___ Church: ___ ☐ Reconciliation ☐ Eucharist ☐ Confirmation 5) Full Name: _ (First) (Middle) (Last) Relationship: Date of Birth: _____ cell phone #: _____ E-Mail Address: _____ Religion: ___ Place a check next to the sacraments that have been received. ☐ Baptism - Month/Year / Church: □ Reconciliation □ Eucharist □ Confirmation **Church Ministries** Are there any Church Ministries in which you would be interested? Altar Society____ Bereavement____ CCD Teacher____ Choir/Music____ Homeless Program (IHN)___ Pre-Cana_____ Prayer/Scripture Sharing___ Hope Ministry____ Lector____ Little Church School___ Respect Life_____ RCIA____ Ushers____ Youth Ministry____ ENV ID# FOR OFFICE USE ONLY

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Welcome letter ___

Pastor Meeting ___

OSV entry _

PS notified