

# PARISH REGISTRATION FORM

## ST JOHN CATHOLIC CHURCH

1900 W. Main St. Russellville, AR. 72801 (479-967-3699)

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(For Office Use Only)

ID \_\_\_\_\_ PDS \_\_\_\_\_

WEL \_\_\_\_\_

### FAMILY INFORMATION

Title:  Mr. & Mrs.  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

Last Name \_\_\_\_\_ Head of Household \_\_\_\_\_ Spouse \_\_\_\_\_

Street Address (Number, Street, City, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status:  Single  Widowed  Divorced  Separated

Married: Date \_\_\_\_\_ Place (Church, City, State) \_\_\_\_\_

E-Mail (s) \_\_\_\_\_

### MEMBER INFORMATION

#### **Head of Household or Catholic Member:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M Initial \_\_\_\_\_ Maiden \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Other (Cell/Pager) \_\_\_\_\_

Ethnicity (Optional): \_\_\_\_\_

Sacraments: Date/Place Baptism (Church, City, State) \_\_\_\_\_

First Communion Yes  No  Confirmation Yes  No

Ministry of Interest? Special Talents? \_\_\_\_\_

#### **Spouse:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M Initial \_\_\_\_\_ Maiden \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Other (Cell/Pager) \_\_\_\_\_

Ethnicity (Optional) \_\_\_\_\_

Sacraments: Date/Place Baptism (Church, City, State) \_\_\_\_\_

First Communion Yes  No  Confirmation Yes  No

Ministry of Interest? Special Talents? \_\_\_\_\_

#### **Children Residing with Family (Under 18 Years of Age or Dependent):**

(1) Last Name \_\_\_\_\_ First \_\_\_\_\_ M Initial \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments: (Date/Place) Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

(2) Last Name \_\_\_\_\_ First \_\_\_\_\_ M Initial \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments: (Date/Place) Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

(3) Last Name \_\_\_\_\_ First \_\_\_\_\_ M Initial \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments: (Date/Place) Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

**PLEASE USE SECOND FORM FOR ADDITIONAL CHILDREN.**