

SJE Parish Registration

Date of Registration: (dd-mm-yy): _____

New to St John's? We invite you to register and be a part of our parish family.

Name

First: _____ Last: _____ Occupation: _____

Home Phone: _____ Mobile: _____ Date of Birth (dd-mm-yy): _____

E-mail Address: _____

Roman Catholic: Yes No If no, please provide details: _____

Would you like to learn more about becoming a Roman Catholic? Yes No

Spouse's Name

First: _____ Last: _____ Occupation: _____

Home Phone: _____ Mobile: _____ Date of Birth (dd-mm-yy): _____

Spouse's E-mail Address: _____

Roman Catholic: Yes No If no, please provide details: _____

Would you like to learn more about becoming a Roman Catholic? Yes No

Street Address: _____

City: _____ Postal Code: _____

Church and Place of Marriage: _____ Date of Marriage (dd-mm-yy): _____

Would you like to be included in our date of birthday and anniversary list? Yes No

How long have you been attending St John's? _____

Would you like to request offering envelopes: Yes No

Envelope Number: _____ (if known, otherwise leave blank for assignment of number)

Would you like to request to become a:

Member or Affiliate of the Personal Ordinariate of the Chair of St Peter? Yes No

Would you like to receive mailings about events in the parish and the Ordinariate?

Paper E-mail Both No, I do not wish to receive any information

continued on page 2 - over

SJE Parish Registration – continued

Please complete this section for all children under the age of 18 who live at home with you.

Child 1

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Child 2

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Child 3

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Child 4

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Child 5

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Child 6

First: _____ Last: _____ Date of Birth (dd-mm-yy): _____

Additional Children:

Comments: