St John The Baptist Church Family Registration

Reg Date:	1	1	

11345 St John Church Rd, Folsom, LA 70437 (504) 796-3806

Last Name:	First Name(s):		
Mailing Name (ie Mr. &	Mrs. John Doe)		
Address:	Add2:		
City:	State: Zip: -		
AreaCode:	Home Phone: Emerg. Phone:		
Family Email:	Env#		
	Individual Member Information		
Parish Status: (Active,	individual Niember Information		
Deles (Head of House,			
First Name / Nickname:			
Gender:	Male / Female (Maiden) Male / Female (Maiden)		
DOB (mm/dd/yyyy):			
Email:			
Work Phone/Cell Phone:			
First Language:			
Occupation/Employer:			
Sacramental Info: Baptized? Catholic? Baptized? Catholic?			
Dates (mm/dd/yyyy): //			
(Single, Married, Separated, Reconcil? First Eucharist? Confirmed? Reconcil? First Eucharist? Confirmed?			
Divorced, Annulled) / / / / / / / / / / / / / / / /			
Marital Status: Valid Catholic Marriage? Are there any members of your household who would like to be visited by a priest?			
Relationship to Dependent Children Information Head of School School			
Household First Name / Last Name Gender Birthdate H.S. School			
(Son, Daughter, Mother Father etc.) 1.	M/F / /		
Check if Sacrament Received.	Add Date Baptism Catholic? Eucharist Reconciliation Confirmation		
if known.			
2.	M/F / /		
Check if Sacrament Received. Add Date Baptism Catholic? Eucharist Reconciliation Confirmation			
if known. / / / / / / / /			
3.	M/F / /		
Check if Sacrament Received. Add Date Baptism Catholic? Eucharist Reconciliation Confirmation			
if known.			
Please fill in all blank box	es and provide changes where necessary. If need to add additional members please use a second form.		