

St. John - Sacred Heart Membership Registration

Date _____

Last Name _____ Street Address _____ City _____ Email _____

Phone _____ Previous Parish/City _____ Would you prefer Envelopes? ____ Online giving? ____

Adults:	Sex	Birthdate	Baptism Date	Confirmation Date	Marriage	Religion	Cell Phone	Employer Name
Name			Bapt. Church, City, State	Conf Church, City, State				Employer Phone
1st, Middle					Date			
Maiden					Place			
1st, Middle					City			
Maiden					State			

Children:	Sex	Birthdate	Baptism Date	1st Communion Date	Confirmation Date	Grade	School
First/Middle Name			Baptism Church, City	1st Comm Church, City	Conf. Church, City		

For Office Use: Gabriel ____ Bulletin ____ Diocese ____ OSV ____ Catholic Foundation ____