

ST. JOHN PARISH REGISTRATION FORM

2099 N. Hacker Rd, Howell, MI 48855 517-546-7200 Fax: 517-546-0403

Date: _____ PLEASE PRINT: This information is strictly confidential.

FAMILY INFORMATION

Last Name: _____ Primary Email Address: _____

Street Address: _____ Primary Phone Number: _____

City /State: _____ Emergency Contact: _____

Zip Code: _____ Emergency Phone Number: _____

Are you a seasonal member/snowbird? _____ If yes, Dates out of Parish: From: _____ to _____

Seasonal Address: _____ Phone Number: _____

PRIVACY INFORMATION

Please check each item that you do NOT want published in the Parish directory.

Address: _____ Phone Number: _____ Email: _____ Picture: _____

Stewardship: Envelopes: _____ ACH: _____ (Please complete ACH form.)

ADULT FAMILY MEMBERS

ADULT #1:

First, Middle, and Last Name: _____ Date of Birth: _____ Gender: _____

Marital Status: _____ Maiden Name if Applicable: _____ Catholic Marriage: Yes / No

Date of Marriage: _____ Church/Other: _____ City/State: _____

Baptized Catholic: Yes / No First Communion: Yes / No Confirmation: Yes / No

ADULT #1 CONTACT INFORMATION: Email: _____

Cell Number: _____ Work Number: _____ Occupation: _____

ADULT #1 PARENT'S INFORMATION: Father's Full Name: _____

Mother's Full Name (Please include mother's maiden name.): _____

ADULT #2:

First, Middle, and Last Name: _____ Date of Birth: _____

Gender: _____ Maiden Name if Applicable: _____

Baptized Catholic: Yes / No First Communion: Yes / No Confirmation: Yes / No

ADULT #2 CONTACT INFORMATION: Email: _____

Cell Number: _____ Work Number: _____ Occupation: _____

ADULT #2 PARENT'S INFORMATION: Father's Full Name: _____

Mother's Full Name (Please include mother's maiden name.): _____

CHILDREN

First, Middle, and Last Name: _____ **Date of Birth:** _____

Birth Place (City & State): _____ **Gender:** _____ **Grade in School:** _____

Baptized Catholic: Yes / No **Location of Baptism:** _____

First Communion: Yes / No **Location of First Communion:** _____ **Confirmation:** Yes / No

First, Middle, and Last Name: _____ **Date of Birth:** _____

Birth Place (City & State): _____ **Gender:** _____ **Grade in School:** _____

Baptized Catholic: Yes / No **Location of Baptism:** _____

First Communion: Yes / No **Location of First Communion:** _____ **Confirmation:** Yes / No

First, Middle, and Last Name: _____ **Date of Birth:** _____

Birth Place (City & State): _____ **Gender:** _____ **Grade in School:** _____

Baptized Catholic: Yes / No **Location of Baptism:** _____

First Communion: Yes / No **Location of First Communion:** _____ **Confirmation:** Yes / No

First, Middle, and Last Name: _____ **Date of Birth:** _____

Birth Place (City & State): _____ **Gender:** _____ **Grade in School:** _____

Baptized Catholic: Yes / No **Location of Baptism:** _____

First Communion: Yes / No **Location of First Communion:** _____ **Confirmation:** Yes / No

First, Middle, and Last Name: _____ **Date of Birth:** _____

Birth Place (City & State): _____ **Gender:** _____ **Grade in School:** _____

Baptized Catholic: Yes / No **Location of Baptism:** _____

First Communion: Yes / No **Location of First Communion:** _____ **Confirmation:** Yes / No

Are there any special circumstances that you think we need to be aware of in order to serve you better?

For Office Use Only: Envelope #: _____ Entered into Census Book: _____ Computer Census: _____

File Folder: _____ FAITH Magazine: _____