

# St John The Baptist Church Family Registration

Reg Date: / /

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: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">                 Male / Female (Maiden) <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">                 Male / Female (Maiden) <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input style="width: 100%; height: 15px;" type="text"/> </div>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced, Annulled)</i> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/> / <input style="width: 100%; height: 15px;" type="text"/>

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language	
1. <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
2. <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
3. <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
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		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.