

St. John the Evangelist Catholic Church

Family Registration

Defiance, OH 43512

Phone: (419) 782-7121 fax: (419) 782-5813

Registration Date: ___ / ___ / ___

Contrib. Env.? Y / N for office use only Env# _____

Family Information:

Last Name: _____

Home Phone: _____

First Name(s) _____

Family Email: _____

Address: _____

Permission to publish phone, address, email in Parish Directory

Publish Phone? Y / N Publish Address? Y / N Publish Email? Y / N

City: _____ State: _____

Zip: _____ - _____

School: _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon? Y / N Anniversary Date: ___ / ___ / ___ Wedding Church/City: _____

Husband/Head:

Active Catholic: Active / Inactive / Other: _____

Name: _____

DOB: ___ / ___ / ___

Sacramental Info: Baptized? Y / N Catholic? Y / N
RCIA? Y / N

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Occupation: _____

Work Phone: _____

Email: _____

Wife:

Active / Inactive / Other _____

DOB: ___ / ___ / ___ (Maiden)

Baptized? Y / N Catholic? Y / N
RCIA? Y / N

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Occupation: _____

Work Phone: _____

Email: _____

Children Information

Child Name:

DOB

Sex

Grad Year

_____ ___ / ___ / ___ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

_____ ___ / ___ / ___ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

_____ ___ / ___ / ___ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

_____ ___ / ___ / ___ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

Please enter the correct information in space provided.