

# Please Print St. John Baptist de La Salle Pastorate--Registration

Family Name:		Apt. #		Parish:								
Street Address:		PO Box Number:										
City, State, Zip:		Envelope #		Date Registered								
Phone Number:		Unlisted? (Yes/No)		Married in Catholic Church (Y/N):								
First Name	Middle Initial	Sex M/F	Date of Birth	Religion	Baptized Y/N	Penance Y/N	First Comm Y/N	Conf. mation Y/N	Church Attend Freq See Below	Marital Status See Below	Occupation Employer	Email Address
Head of Household												
1												
Spouse:												
2												
Maiden Name of Wife:												
Date of Marriage:												
Children at Home/College		Grade		Attend RE Y/N		School		Email Address				
3												
4												
5												
6												
7												
6												
7												
Others Living in Household												
8												
9												

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| Religion<br>CA-Catholic<br>BA-Baptist<br>CO-Congregational<br>EP-Episcopalian<br>JE-Jewish<br>LU-Lutheran<br>ME-Methodist<br>PR-Presbyterian<br>OT-Other | Church Attendance Frequency<br>W-Weekly<br>M-More than Weekly<br>F-Frequently<br>S-Seldom<br>N-Does Not Attend |
| Marital Status<br>M-Married<br>S-Single<br>SEP-Separated<br>WF-Widow<br>WM-Widower<br>D-Divorced   |  |

All Information Confidential

Do you have any special concerns with which our parish can help?

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