



st. John Vianney  
catholic church

## New Parishioner Registration Form Family Information

### Male Head of Household (If Applicable):

Name:

\_\_\_\_\_  
First Middle Last

Birth Date (Month/Day Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_

Race: \_\_\_\_\_

Employment & Occupation: \_\_\_\_\_

### Sacraments (Please fill information for all Sacraments received):

Baptism:

\_\_\_\_\_  
Date (M/D/Y) Parish City & State

Reconciliation:

\_\_\_\_\_  
Date (M/D/Y) Parish City & State

First Holy Communion:

\_\_\_\_\_  
Date (M/D/Y) Parish City & State

Confirmation:

\_\_\_\_\_  
Date (M/D/Y) Parish City & State

**Female Head of Household (If Applicable):**

**Title (Dr., Miss, Mrs., etc.):**

**Name:**

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First	Middle	Last	Maiden
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**Birth Date (Month/Day Year):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Religion:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Employment & Occupation:** \_\_\_\_\_

**Sacraments (Please fill information for all Sacraments received):**

**Baptism:**

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Date (M/D/Y)	Parish	City & State
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**Reconciliation:**

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Date (M/D/Y)	Parish	City & State
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**First Holy Communion:**

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Date (M/D/Y)	Parish	City & State
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**Confirmation:**

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Date (M/D/Y)	Parish	City & State
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### Marital Status

**Please Circle:    Single       Catholic Marriage       Civil Marriage       Widowed       Divorced**

**Date** \_\_\_\_\_ **Place of Marriage:** \_\_\_\_\_

**Officiant (Name and Title)**

### Children (Under 18)

**Child #1**

Name: \_\_\_\_\_

**First** **Middle** **Last**

**Birth Date (Month/Day Year):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Religion:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Sacraments (Please fill information for all Sacraments received):**

**Baptism:**

**Date (M/D/Y)**                      **Parish**                      **City & State**

**Reconciliation:**

**Date (M/D/Y)**                      **Parish**                      **City & State**

**First Holy Communion:**

Date (M/D/Y)

Parish

City & State

Confirmation:

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Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #2

Name:

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First

Middle

Last

Birth Date (Month/Day Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_

Race: \_\_\_\_\_

Sacraments (Please fill information for all Sacraments received):

Baptism:

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Date (M/D/Y)

Parish

City & State

Reconciliation:

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Date (M/D/Y)

Parish

City & State

First Holy Communion:

---

Date (M/D/Y)

Parish

City & State

Confirmation:

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Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #3

Name:

\_\_\_\_\_

First	Middle	Last
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Birth Date (Month/Day Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_

Race: \_\_\_\_\_

Sacraments (Please fill information for all Sacraments received):

Baptism:

\_\_\_\_\_

Date (M/D/Y)	Parish	City & State
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Reconciliation:

\_\_\_\_\_

Date (M/D/Y)	Parish	City & State
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First Holy Communion:

\_\_\_\_\_

Date (M/D/Y)	Parish	City & State
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Confirmation:

\_\_\_\_\_

Date (M/D/Y)	Parish	City & State
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Name of School:

Grade:

**\*\*Please contact office to provide information for additional children\*\***

**Office Use Only:**

**Welcome Packet \_\_\_\_\_ Envelopes \_\_\_\_\_ CSA \_\_\_\_\_ Envelope # \_\_\_\_\_**