

SJV New Parishioner Registration Form

Family Information

Male Head of Household (If Applicable):

Name:

First

Middle

Last

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Primary Language: _____

Street Address: _____

Unit / Apt: _____

Phone Number: _____

Email Address: _____

Employment & Occupation: _____

What drew you to St. John Vianney?

Sacraments (Please fill information for all Sacraments received):

Baptism:

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:

First

Middle

Last

Maiden

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Street Address: _____

Phone Number: _____

Email Address: _____

Employment & Occupation: _____

What drew you to register at St. John Vianney?

Sacraments (Please fill information for all Sacraments received):

Baptism:

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

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:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #2

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:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #3

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:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

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

Office Use Only:

Welcome Packet ____ **Envelopes** ____ **CSA** ____ **Envelope #** ____