



st. John Vianney

catholic church

PROFILE OF HOUSEHOLD

Date: _____ Envelope Number: _____

Title _____ Family Name: _____

Male Head of Household: _____ Work/Cell Phone: _____

Female Head of Household: _____ Work/Cell Phone: _____

Maiden Name: _____ Home Phone: _____ Listed? Y N

Address: _____

City: _____ Zip: _____ County: _____

Ethnic Background: African American Asian Caucasian Hispanic

Other: _____ Language Spoken at Home: _____

LIST OTHER DEPENDENTS AND NON RELATIVES LIVING IN THE HOME

Name (First, Middle, and Last)

Relationship

Date of Birth

GENERAL QUESTIONS

Single parent household? Y N

All children Baptized? Y N N/A

Household needs pastoral visit? Y N

Family involved in Religious Education? Y N

Family involved in Catholic Schools? Y N

Information taken by: _____

(Office use only)

Comments: _____

Head of Household (over 18 yrs of age) email address: _____

Name (First) (Nickname) (Middle) (Last)

M F Date of Birth: _____ City/St of Birth: _____

Second Language: _____ Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Your Religion: _____ Active: Y N Date of Baptism: _____

Church of Baptism: _____ City/State: _____

Eucharist: Y N Reconciliation: Y N Confirmation: Y N

Profession of Faith: Y N RCIA? _____ Traditional? _____ Date: _____

Marital Status: _____ Date of Marriage: _____ By a Priest? Y N

Church of Marriage: _____ City/St: _____

If Divorced, marriage declared null? Y N Validation of current marriage?: Y N

Employer: _____ Occupation: _____

Other Skills: _____ Disabled? _____ Homebound? _____ Special Needs? _____

Attended Catholic schools? _____ Highest Degree: _____

Head of Household (over 18 yrs of age) email address: _____

Name (First) (Nickname) (Middle) (Last)

M F Date of Birth: _____ City/St of Birth: _____

Second Language: _____ Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Your Religion: _____ Active: Y N Date of Baptism: _____

Church of Baptism: _____ City/State: _____

Eucharist: Y N Reconciliation: Y N Confirmation: Y N

Profession of Faith: Y N RCIA? _____ Traditional? _____ Date: _____

Marital Status: _____ Date of Marriage: _____ By a Priest? Y N

Church of Marriage: _____ City/St: _____

If Divorced, marriage declared null? Y N Validation of current marriage: Y N

Employer: _____ Occupation: _____

Other Skills: _____ Disabled? _____ Homebound? _____ Special Needs? _____

Attended Catholic schools? _____ Highest Degree: _____

Child (18 years of age and younger)

Full Name: _____

Male Female Relationship in household: _____

Date of Birth: _____ City/St: _____

Fathers Name: _____

Mother's Full Maiden Name: _____

Date of Baptism: _____ Baptized as a Child? Y N

Church where Baptized: _____ City/St: _____

Year of First Reconciliation: _____ First Eucharist: _____ Confirmation: _____

School Attending: _____ Grade: _____

Special Needs: _____ Religious Education? Y N

Child (18 years of age and younger)

Full Name: _____

Male Female Relationship in household: _____

Date of Birth: _____ City/St: _____

Fathers Name: _____

Mother's Full Maiden Name: _____

Date of Baptism: _____ Baptized as a Child? Y N

Church where Baptized: _____ City/St: _____

Year of First Reconciliation: _____ First Eucharist: _____ Confirmation: _____

School Attending: _____ Grade: _____

Special Needs: _____ Religious Education? Y N

Child (18 years of age and younger)

Full Name: _____

Male Female Relationship in household: _____

Date of Birth: _____ City/St: _____

Fathers Name: _____

Mother's Full Maiden Name: _____

Date of Baptism: _____ Baptized as a Child? Y N

Church where Baptized: _____ City/St: _____

Year of First Reconciliation: _____ First Eucharist: _____ Confirmation: _____

School Attending: _____ Grade: _____

Special Needs: _____ Religious Education? Y N

Family would like to share their time and talent in the following areas:

Father: _____

Mother: _____

Child: _____

Child: _____

Child: _____

Child: _____

Reason for Registering: _____

Notes: _____

