

Saint John the Baptist Catholic Parish

Reg Date: / /

Family Registration

↳ office use only

4525 Arlington Avenue, Fort Wayne, Indiana 46807-2698 (260) 744-4393

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced,</i> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div>

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	
2.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	
3.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.