

**PARISH REGISTRATION FORM**

Date: \_\_\_\_\_

**ST. JOHN THE APOSTLE CHURCH**

**10 RAILROAD AVE.**

**PLAINFIELD, CT 06374**

(860) 564-3313

Fax: (860) 564-3314

*PLEASE PRINT- COMPLETE BOTH SIDES*

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_, (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

Need an envelope? Yes \_\_\_ No \_\_\_

Married by priest: \_\_\_Yes \_\_\_No; Date of Marriage: \_\_\_\_\_

(PLEASE INDICATE BY CORRESPONDING NUMBER)

List below the name of all members residing in this household: (Enter family name if different)	<u>Marital Status:</u> 1. Married 2. Single 3. Widow/er 4. Separated 5. Divorced	<u>Religion:</u> 1. Catholic 2. Baptist 3. Congreg. 4. Episcopal 5. Lutheran 6. Methodist 7. Presby. 8. Other	<u>Date of Birth:</u>  Mm/dd/yy	<u>Baptized:</u>	<u>First Communion:</u>	<u>Confirmation:</u>	<u>Church Attendance:</u>
				Yes  No  (Date, if known)	Yes  No  (Date, if known)	Yes  No  (Date, if known)	1. Weekly 2. Occasionally 3. Seldom 4. Do not attend.
Head of Household 1.							
Spouse 2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Please list names of family members in exact order as they are listed on the first page.	<u>OCCUPATION</u> Please specify current occupation or if you are retired.	<u>EDUCATION</u> Present grade level & school attending.	<u>INTERESTED IN THE RELIGIOUS EDUCATION CONFIRMATION PROGRAM</u>  Yes  No	<u>OTHER INFO. YOU WISH TO SHARE</u> (optional)	<u>TIME &amp; TALENTS</u> You can provide for the parish. Altar server, Religious Education teacher, Eucharistic Minister, Lecturer, usher, greeter, volunteer for dinners & other projects.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

COMMENTS: Please write any comments or suggestions you have regarding St. John the Apostle Church.