

ST. JOHN PAUL II REGISTRATION FORM

OFFICE USE ONLY:

Registration Date: ____/____/____ Parish Envelope No.: _____ Weekly Monthly PDS Stewardsoft Milw. Arch.

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widow(er)

Circle if used:

- Mr. & Mrs.
- Mr. Mrs.
- Miss

Suffix if used:

- Sr. Jr.
- Other _____

Last Name: _____ First Name: _____ Spouse Name: _____

Occupation: _____ Work Phone No.: _____ x _____

Occupation Spouse: _____ Work Phone No.: _____ x _____

Home Address: _____ City _____ State _____ Zip _____

E-Mail Address: _____ Primary Telephone Number: _____

Cell Telephone Number: _____ HWA School Family SJK School Family

Family Remarks: _____

Non-Catholics: Do you wish Sacramental Preparation for your child? Yes No

Catholics Only: If your child has not received the Sacraments, you will be contacted at a later date to make arrangements for Sacramental Preparation if you wish this for your child(ren).

er Name	Relationship	Ethic Origin / Language	Religion	Date of Birth	Sacraments Received /Date
(head) <input type="checkbox"/> Male <input type="checkbox"/> Female					Baptism – Yes/No Reconciliation – Yes/No First Communion – Yes/No Confirmation – Yes/No Marriage – Yes/No
(spouse) <input type="checkbox"/> Male <input type="checkbox"/> Female					Baptism – Yes/No Reconciliation – Yes/No First Communion – Yes/No Confirmation – Yes/No Marriage – Yes/No
(children living at home) <input type="checkbox"/> Male <input type="checkbox"/> Female					Baptism – Yes/No Reconciliation – Yes/No First Communion – Yes/No Confirmation – Yes/No
(children living at home) <input type="checkbox"/> Male <input type="checkbox"/> Female					Baptism – Yes/No Reconciliation – Yes/No First Communion – Yes/No Confirmation – Yes/No
(children living at home) <input type="checkbox"/> Male <input type="checkbox"/> Female					Baptism – Yes/No Reconciliation – Yes/No First Communion – Yes/No Confirmation – Yes/No