



**St. John XXIII**  
**Parish Registration Form**  
*“Our Doors Are Open”*

1 Arcade Street  
 West Seneca, NY 14224  
 Telephone: (716)-823-1090  
 Website: [www.stjohn23.com](http://www.stjohn23.com)

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

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

Date of Marriage: \_\_\_\_\_ Place (Church or Other): \_\_\_\_\_

Previous Parish: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Questions	Adult 1	Adult 2
First Name		
Last Name		
Maiden Name (if applicable)		
Date of Birth		
Religion		
Baptized?            Yes?    No? Where?		
First Communion?    Yes?    No? Where?		
Confirmation?        Yes?    No? Where?		
Marital Status?		
Highest Level Of Education?		
Occupation?		
I am interested in the ministries listed		

Questions	Child 1	Child 2
First Name		
Last Name		
Date of Birth		
Religion		
Baptized?            Yes?    No? Where?		
First Communion?    Yes?    No? Where?		
Confirmation?        Yes?    No? Where?		
Present Grade?		
Present School?		
Religious Education?		
Questions	Child 3	Child 4
First Name		
Last Name		
Date of Birth		
Religion		
Baptized?            Yes?    No? Where?		
First Communion?    Yes?    No? Where?		
Confirmation?        Yes?    No? Where?		
Present Grade?		
Present School?		
Religious Education?		