



St. John's Catholic Church

24043 302nd Place, P O Box 185, Adel, IA 50003

Phone: 515-993-4482

Email: office@stjohnsadel.org

Website: www.stjohnsadel.org

“Companions on the Journey of Faith”

Registration date: ___/___/___

Family

Last Name: _____

First Name(s): _____

Address: _____

City, State, and Zip: _____

Primary/Home Phone: _____

Family Email: _____

Permission to publish phone, address, and email in Parish Directory: Yes No

Couple

Marital Status: _____

Married by Priest/Deacon? Yes No

Wedding Church/City: _____

Anniversary Date: ___/___/___

Husband

Name: _____

DOB: _____

Occupation: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Sacraments—please circle yes or no:

Baptism: Yes No

Reconciliation: Yes No

First Eucharist: Yes No

Confirmed: Yes No

Are you Catholic? _____

Have you attended RCIA? _____

Wife

Name: _____

DOB: _____

Occupation: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Sacraments—please circle yes or no:

Baptism: Yes No

Reconciliation: Yes No

First Eucharist: Yes No

Confirmed: Yes No

Are you Catholic? _____

Have you attended RCIA? _____

Children

Name: _____

DOB: _____

Gender: M or F

Special Needs: _____

Additional Notes: _____

Sacraments—please circle yes or no:

Baptism: Yes No

If yes, date (if known): ___/___/___

Reconciliation: Yes No

If yes, date (if known): ___/___/___

First Eucharist: Yes No

If yes, date (if known): ___/___/___

Confirmed: Yes No

If yes, date (if known): ___/___/___

Space for additional children on back

Children

Name: _____
DOB: _____
Gender: M or F
Special Needs: _____
Additional Notes: _____

Sacraments—please circle yes or no:
Baptism: Yes No
If yes, date (if known): ___/___/___
Reconciliation: Yes No
If yes, date (if known): ___/___/___
First Eucharist: Yes No
If yes, date (if known): ___/___/___
Confirmed: Yes No
If yes, date (if known): ___/___/___

Children

Name: _____
DOB: _____
Gender: M or F
Special Needs: _____
Additional Notes: _____

Sacraments—please circle yes or no:
Baptism: Yes No
If yes, date (if known): ___/___/___
Reconciliation: Yes No
If yes, date (if known): ___/___/___
First Eucharist: Yes No
If yes, date (if known): ___/___/___
Confirmed: Yes No
If yes, date (if known): ___/___/___

Children

Name: _____
DOB: _____
Gender: M or F
Special Needs: _____
Additional Notes: _____

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Baptism: Yes No
If yes, date (if known): ___/___/___
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If yes, date (if known): ___/___/___
First Eucharist: Yes No
If yes, date (if known): ___/___/___
Confirmed: Yes No
If yes, date (if known): ___/___/___

Children

Name: _____
DOB: _____
Gender: M or F
Special Needs: _____
Additional Notes: _____

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If yes, date (if known): ___/___/___

Children

Name: _____
DOB: _____
Gender: M or F
Special Needs: _____
Additional Notes: _____

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Baptism: Yes No
If yes, date (if known): ___/___/___
Reconciliation: Yes No
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If yes, date (if known): ___/___/___
Confirmed: Yes No
If yes, date (if known): ___/___/___