



St. John the Evangelist Catholic Church

Welcome to St. John the Evangelist Catholic Church! We are glad you will be joining us in prayer.

Please fill out the **Family Information form** along with one **Member Registration form** for each individual living in your household including yourself. If you do not have your sacrament dates, then please fill in what dates you know and the name and city of the church.

Our welcome committee will contact you after the registration forms have been received by the office. If you do not want the welcome committee contacting you, please indicate on the top of the registration form.

Please place the registration forms back in the envelope and return them to the office or place them in the collection basket at Mass.

Thank you for registering with St. John the Evangelist Catholic Church!

St. John the Evangelist Catholic Church Parish Registration

Family Information Form

Instructions:

Please fill out this Family Information form along with one Member Registration form for each individual living in your household including yourself. Please return the completed forms to the office or you can place them in the collection basket at Mass.

ID/Env #: _____

Please Circle your preference for giving:

Envelopes or Online

Date Registered: _____

Former Parish: _____

FAMILY NAME:

Head of Household:

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Spouse: (or N/A)

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

FAMILY HOME ADDRESS:

Street Address Line 1: _____

Street Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Home Phone Number: _____

Unlisted: Yes/No

Are you open to a new member minister reaching out to you as a follow up?
Yes/No—Do you prefer a call or text? _____

Stewardship of Time & Talent

Activities:

KC Knights of Columbus
M Men's Club
STA Saint Ann Altar Society
WB Women's Bible Study

Parish Finance:

Finance Council (Appointed by Pastor)

Prayer:

EA Eucharistic Adoration
PC Prayer Chain
RL Rosary Leader (before Mass)

Building & Grounds:

CCM Church Cleaning Ministry

Respect Life & Social Justice:

RES Respect Life/Project Gabriel
SV Saint Vincent de Paul Society

Education:

RCIA RCIA
REA Religious Education Aide
REC Religious Education Catechist
REB Religious Education Sub
VBS Vacation Bible School

Special Needs:

BC Bereavement Committee
SH Sick & Homebound Ministry (Eucharistic Ministers)

Liturgy:

AS Altar Server
C Choir
G Greeter
L Lector
U Usher

Youth:

YC Youth Ministry Chaperone
YV Youth Ministry Volunteer

Please indicate the ministries, groups and activities that you are interested in below:

First name	Interested in:	Which Mass do you attend?

Mass Times: Saturday, 5:00 pm. Sunday, 6:45 am & 9:30 am.

Individual Member Registration Form

Please complete a separate form for each member of your household, front and back sides.

MEMBER DETAIL:

Last Name: _____

First Name: _____ **Middle Name:** _____

Nickname: _____ **Maiden Name:** _____

Gender: Male/Female

Marital Status: _____

Birth Date: _____

Religion: _____

Occupation: _____

Grade: _____ **School Attending:** _____

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Email: _____

MEMBER SACRAMENTS:

Birthplace: _____
(City) (State)

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

BAPTISM:

Date: _____

Church Name: _____

Church City & State: _____

FIRST COMMUNION:

Date: _____

Church Name: _____

Church City & State: _____

CONFIRMATION:

Date: _____

Church Name: _____

Church City & State: _____

MARRIAGE:

Date: _____

Church Name: _____

Church City & State: _____

Individual Member Registration Form

Please complete a separate form for each member of your household, front and back sides.

MEMBER DETAIL:

Last Name: _____

First Name: _____ **Middle Name:** _____

Nickname: _____ **Maiden Name:** _____

Gender: Male/Female

Marital Status: _____

Birth Date: _____

Religion: _____

Occupation: _____

Grade: _____ **School Attending:** _____

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Email: _____

MEMBER SACRAMENTS:

Birthplace: _____
(City) (State)

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

BAPTISM:

Date: _____

Church Name: _____

Church City & State: _____

FIRST COMMUNION:

Date: _____

Church Name: _____

Church City & State: _____

CONFIRMATION:

Date: _____

Church Name: _____

Church City & State: _____

MARRIAGE:

Date: _____

Church Name: _____

Church City & State: _____

Individual Member Registration Form

Please complete a separate form for each member of your household, front and back sides.

MEMBER DETAIL:

Last Name: _____

First Name: _____ **Middle Name:** _____

Nickname: _____ **Maiden Name:** _____

Gender: Male/Female

Marital Status: _____

Birth Date: _____

Religion: _____

Occupation: _____

Grade: _____ **School Attending:** _____

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Email: _____

MEMBER SACRAMENTS:

Birthplace: _____
(City) (State)

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

BAPTISM:

Date: _____

Church Name: _____

Church City & State: _____

FIRST COMMUNION:

Date: _____

Church Name: _____

Church City & State: _____

CONFIRMATION:

Date: _____

Church Name: _____

Church City & State: _____

MARRIAGE:

Date: _____

Church Name: _____

Church City & State: _____

Individual Member Registration Form

Please complete a separate form for each member of your household, front and back sides.

MEMBER DETAIL:

Last Name: _____

First Name: _____ **Middle Name:** _____

Nickname: _____ **Maiden Name:** _____

Gender: Male/Female

Marital Status: _____

Birth Date: _____

Religion: _____

Occupation: _____

Grade: _____ **School Attending:** _____

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Phone Number: _____ Home/Office/Cell/Other **Unlisted:** Yes/No

Email: _____

MEMBER SACRAMENTS:

Birthplace: _____
(City) (State)

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

BAPTISM:

Date: _____

Church Name: _____

Church City & State: _____

FIRST COMMUNION:

Date: _____

Church Name: _____

Church City & State: _____

CONFIRMATION:

Date: _____

Church Name: _____

Church City & State: _____

MARRIAGE:

Date: _____

Church Name: _____

Church City & State: _____