

St. John the Baptist Parish Ypsilanti - REGISTRATION FORM

Family Last Name _____ Donations: ☐ Online ☐ Send Envelopes

Address _____ Apt. # _____

City _____ State _____ Zip _____

Former Parish _____ City / State _____

Primary Contact (First/Middle) _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Birth Date _____ Primary Email _____

Primary Phone _____ Alt Phone (☐ Cell ☐ Work) _____

☐ Baptized / Parish of Baptism _____ City / State _____

OTHER SACRAMENTS RECEIVED: ☐ Reconciliation ☐ First Eucharist ☐ Confirmation ☐ Marriage in the Catholic Church

MARITAL STATUS: ☐ Single ☐ Married (Date: _____) ☐ Widowed ☐ Separated ☐ Annulled ☐ Divorced

Occupation _____ ☐ Current Student or ☐ Alumni: ☐ EMU ☐ WCC ☐ UM ☐ Other _____

Other Adult (First/Middle) _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Birth Date _____ Email _____

Phone _____ Alt Phone (☐ Cell ☐ Work) _____

☐ Baptized / Parish of Baptism _____ City / State _____

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Occupation _____ ☐ Current Student or ☐ Alumni: ☐ EMU ☐ WCC ☐ UM ☐ Other _____

Children at home (Full Names):	Gender	Birth Date	Baptized At:	Baptized	First Com.	Confirmed	School & Grade
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
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	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
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OFFICE USE ONLY

Date Received: _____ Date Entered: _____ Envelope # _____ Member ID# _____