

## CONFIDENTIAL PARISH REGISTRATION FORM

St. John Evangelist Parish  
600 Green Tree Road  
Kohler, WI 53044  
920-452-9623  
[stjohnnev@btsje.org](mailto:stjohnnev@btsje.org)

**Family Name:** \_\_\_\_\_

Family Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Marital Status:    ☐ Married    ☐ Single    ☐ Divorced    ☐ Widow/Widower

If Married Date & Location: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Children Living at Home:

1. \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Communion: ☐      Reconciliation: ☐      Confirmation: ☐

2. \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Communion: ☐      Reconciliation: ☐      Confirmation: ☐

3. \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Communion: ☐      Reconciliation: ☐      Confirmation: ☐

4. \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Communion: ☐      Reconciliation: ☐      Confirmation: ☐