

St. John Berchmans Catholic Church

Registration Information

Please Print

Family Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Would you like to receive Donation Envelopes? Yes No

FOR OFFICE USE ONLY

Parish Acct. #: _____

Entered By: _____

Date: _____

FAMILY INFORMATION

1. Head of Household Name: _____ Date of Birth: _____

Religion: _____ Occupation: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

Sacraments Received: Baptism First Communion Confirmation

2. Name: _____ Date of Birth: _____

Religion: _____ Occupation: _____

Relationship to Head of Household: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

Sacraments Received: Baptism First Communion Confirmation

3. Name: _____ Date of Birth: _____

Religion: _____ Occupation: _____

Relationship to Head of Household: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

Sacraments Received: Baptism First Communion Confirmation

4. Name: _____ Date of Birth: _____

Religion: _____ Occupation: _____

Relationship to Head of Household: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

Sacraments Received: Baptism First Communion Confirmation