



REGISTRATION CARD • ST. JOHN CATHOLIC CHURCH • WESTMINSTER, MD 21157

Confidential ... For Parish Use Only

Please print all information (in ink)

FAMILY LAST NAME(S)		WIFE'S MAIDEN NAME:		PHONE: (Home):		UNLISTED? <input type="checkbox"/>		(Work):	
STREET ADDRESS		CITY		STATE		ZIP		NEIGHBORHOOD OF DEVELOPMENT	
				E-MAIL:					

Would you like to receive Weekly Offering Envelopes?

ADULTS AGED 21 and OVER, & ALL MARRIED PERSONS in Household <i>(Include last name if other than family name above)</i>				PLEASE INDICATE SACRAMENTS RECEIVED				PLEASE INDICATE SACRAMENTS RECEIVED									
Name	MI	Nickname	Occupation	Sex M - F	Date/Birth MM/DD/YY	Denom., (See "A" Below)	Marital Status (See "B" Below)	Baptism Y - N	First Penance Y - N	First Communion Y - N	Catholic Confirmation Y - N	School Attending (See "C" Below)	First Communion Y - N	Catholic Confirmation Y - N	Marriage By Catholic Priest Y - N	Education Highest Level	Special Needs (See "D" Below)

UNMARRIED PERSONS UNDER 21 in Household <i>(Include last name if other than family name above)</i>				PLEASE INDICATE SACRAMENTS RECEIVED											
Name	MI	Nickname	Sex M - F	Date/Birth MM/DD/YY	Denom., (See "A" Below)	Baptism Y - N	First Penance Y - N	First Communion Y - N	Catholic Confirmation Y - N	School Attending (See "C" Below)	Grade Education Y - N	Attend Religious Education Y - N	Special Needs (See "D" Below)		

Request:
 The Catholic Review
 (Archdiocesan Newspaper)
 Visit by Priest
 Other:

- A: DENOMINATION**
 CA.....Catholic JE.....Jewish
 PR.....Protestant IS.....Islam
 OT.....Other
 NA.....No Affiliation/None

- B: MARITAL STATUS:**
 M.....Married
 S.....Single
 SEP.....Separated
 D.....Divorced
 W.....Widowed

- C: SCHOOL CODE:**
 CA.....Catholic
 P.....Public
 HM.....Home
 CL.....College
 T.....Technical

- D: SPECIAL NEEDS:**
 HE.....Hearing Impaired
 VI.....Visually Impaired
 SH.....Shut-in
 WC.....Wheelchair
 *.....Other (Please explain):

Over, Please →

CHURCHES OF BAPTISM

If known, please furnish the Date of Baptism, and the Name of Church with City/State for each Family Member in household.

NAME OF FAMILY MEMBER	DATE BAPTIZED MM/DD/YY	NAME OF CHURCH (where baptism was administered)	DENOM. (See "A" Below)	CITY	STATE

If any adult in the household may have been registered as a child within their parent's household, please check here:

- A: DENOMINATION**
- CA.....Catholic
 - PR.....Protestant
 - OT.....Other
 - NA.....No Affiliation/None
 - JE.....Jewish
 - IS.....Islam

If any member(s) of the household is a convert to the Catholic Faith, please complete this section:

NAME OF FAMILY MEMBER	DATE OF CONFIRMATION	CHURCH THAT ADMINISTERED	CITY	STATE