

REGISTRATION CARD • St. John Catholic Church • Westminster, MD 21157

Confidential ... For Parish Use Only

A: DENOMINATIO ACatholic JE RProtestant IS TOther ANo Affiliation/None					UNMARRIED F			ADULTS AGEI	STREET ADDRESS		FAMILY LAST NAME(S)	(
A: DENOMINATION Catholic JE Jewish Protestant IS Islam Other No Affiliation/None					JNMARRIED PERSONS UNDER 21 in Household (Include last name if other than family name above) Name MI Nickname			ADULTS AGED 21 and OVER, & ALL MARRIED PERSONS in Household (Include last name if other than family name above) Name MI Nickname Occupation	ESS		NAME(S)	l'lease print all information (in ink)
B: MARITAL STATUS: M								R, & ALL MARRIED Potential in the state of t			Wife's Maiden Name:	ration (in ink)
L STATU larried larried ingle eparatec eparatec bivorced Vidowec					Sex			Occupation			DEN N	
					Date/Birth MM/DD/YY			NS in Hous	CITY		AME	
					Denom. (See "A" Below)	5		sehold	7	E-MAIL:	PHONE:	
SCHOOL CODE: ACatholic Public IMHome LCollege Technical								Sex	ST	ני	÷m	
					PLEASE INDICATE SACRAMENTS RECEIVED First First Catholic Applism Penance Communion Confirmat Y-N Y-N Y-N			Date/Birth MM/DD/YY	STATE ZIP			
D: SPECIAL NEEDS: HE Hearing Impaired VI Visually Impaired SH Shut-In WC Wheelchair * Other (Please explain):					SACRAMENTS First Communion Y - N			Denom. (See "A" Below)	IP		U	
NEEDS: Impaire Impaire hair			+	-	NTS RE			Marital Status (See "B" Below)	NEIG		UNLISTED? [
ad ad xplain):					9			Baptism Y = N	NEIGHBORHOOD or DEVELOPMENT		(Work):	
					School Attending (See "C" Below)			PLEASE INDICATE SACRAMENTS RECEIVED First First Communion Confirmation Cathe Y-N Y-N Y-N Y-N Y-N	op or E			
					Grade E			Communion	EVELOP			
					Attend keligious ducation Y - N			CRAME Con	MENT			
					Special Needs (See "D" Below)			NTS RECO		Щ	< -	ı
Over, Please →			☐ Other:	☐ Visit b				AMENTS RECEIVED Catholic Carholic Priest Y = N Y = N			Would you like to receive Weekly Offering Envelopes?	
			.1	Visit by Priest	Request: The Catholic Review (Archdiocesan Newspaper)		Education Highest Level				ing Enve	
*					spaper)			Special Needs (See "D" Below)		100	receive	u.

CA.....Catholic JE...
PR......Protestant IS....
OT.....Other
NA.....No Affiliation/None

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.

3		NAME OF FAMILY MEMBER		If any adult in the household may have been registered as a child within their parent's household, please check here:	-							NAME OF FAMILY MEMBER
		DATE OF CONFIRMATION	If any m	d may have been reg		×	3					DATE BAPTIZED MM/DD/YY
		CHURCH THAT ADMINISTERED	If any member(s) of the household is a convert to the Catholic Faith, please complete this section:	stered as a child re:					,			Name of Church (where baptism was administered)
			ease complete this secti					5				DENOM. (See "A" Below)
		Сітү	on:	A: DENOMINATIO CACatholic JE PRProtestant IS OTOther NANo Affiliation/None								Сітү
		STATE		A: DENOMINATION Atholic JE Jewish Protestant IS Islam Other No Affiliation/None								STATE