



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):
				E-MAIL:		
STREET ADDRESS			CITY	STATE	ZIP	NEIGHBORHOOD or DEVELOPMENT

Would you like to receive Weekly Offering Envelopes?

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

UNMARRIED PERSONS UNDER 21 in Household (Include last name if other than family name above)			Sex	Date/Birth	Denom.	PLEASE INDICATE SACRAMENTS RECEIVED				School	Grade	Attend	Special	
Name	MI	Nickname	M - F	MM/DD/YY	(See "A" Below)	Baptism	First	First	Catholic	Attending		Religious	Needs	
						Y - N	Penance	Communion	Confirmation	(See "C" Below)		Education	(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      JE ..... Jewish
- PR..... Protestant    IS ..... Islam
- OT..... Other
- NA..... No Affiliation/None

*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