

Saint John Fisher Church
Registration Form

PLEASE PRINT

DATE OF REGISTRATION: _____

FAMILY LAST NAME: _____

TITLE (CIRCLE ONE): MR. AND MRS. MR., MRS., MS., MISS, DR., OTHER _____

SUFFIX (CIRCLE IS USED) JR., SR., II, III, IV, OTHER _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

CITY _____ STATE, ZIP: _____

TELEPHONE # WITH AREA CODE: _____ TOWNSHIP: _____

EMAIL ADDRESS: _____

For Office Use Only

ID/Env. # _____

FIRST NAME: _____ (MAIDEN NAME: _____)

TITLE (CIRCLE ONE): MR. AND MRS. MR., MRS., MS., MISS, DR., OTHER _____

SUFFIX (CIRCLE IS USED) JR., SR., II, III, IV, OTHER _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED _____

RELIGION: _____ NATIONALITY: _____

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED? YES NO EXPLAIN: _____

OCCUPATION COMPANY: _____ NATURE OF WORK: _____

FULL PARTTIME RETIRED AT HOME _____

DATE OF BIRTH: ____/____/____ BAPTISM: YES NO 1ST COMM: YES NO CONFIRM: YES NO

CELL PHONE: _____

FIRST NAME: _____ (MAIDEN NAME: _____)

TITLE (CIRCLE ONE): MR. AND MRS. MR., MRS., MS., MISS, DR., OTHER _____

SUFFIX (CIRCLE IS USED) JR., SR., II, III, IV, OTHER _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED _____

RELIGION: _____ NATIONALITY: _____

IS PERSON PHYSICALLY OR MENTALLY CHALLENGED? YES NO EXPLAIN: _____

OCCUPATION COMPANY: _____ NATURE OF WORK: _____

FULL PARTTIME RETIRED AT HOME _____

DATE OF BIRTH: ____/____/____ BAPTISM: YES NO 1ST COMM: YES NO CONFIRM: YES NO

CELL PHONE: _____

Date of Marriage (If Applicable): _____

If Married, were you married by a priest? Yes No

Church of Marriage: _____

City/State: _____

USING REVERSE SIDE OF THIS FORM, PLEASE LIST EACH CHILD LIVING AT HOME SEPARATELY.

PLEASE LIST EACH CHILD LIVING AT HOME:

Name – Last, First: _____

Suffix (circle if used): Jr., II, III, IV, Other _____

Relationship _____

Religion _____

Is person physically or mentally challenged _____

Explain _____

Date of Birth: ____/____/____ Gender: _____

High Grade (K-16) _____

If in school, what school _____

Receiving PREP instruction _____

Baptism: Yes No 1st Comm: Yes No Confirm: Yes No

Name – Last, First: _____

Suffix (circle if used): Jr., II, III, IV, Other _____

Relationship _____

Religion _____

Is person physically or mentally challenged _____

Explain _____

Date of Birth: ____/____/____ Gender: _____

High Grade (K-16) _____

If in school, what school _____

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Name – Last, First: _____

Suffix (circle if used): Jr., II, III, IV, Other _____

Relationship _____

Religion _____

Is person physically or mentally challenged _____

Explain _____

Date of Birth: ____/____/____ Gender: _____

High Grade (K-16) _____

If in school, what school _____

Receiving PREP instruction _____

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Suffix (circle if used): Jr., II, III, IV, Other _____

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Religion _____

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Explain _____

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