

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.