

Parish Registration Form

All information provided is for sole use of St. John Baptist de La Salle Parish to assist in providing pastoral care and will not be shared with any other individual or organization.

Welcome to St. John Baptist de La Salle Parish!

Family Information

	Family Last Name Home Phone Number					
Household			Please check one			
	Mailing Street Address		New Registration Registration Update			
	City E-Mail Address	Zip Code	Contribution Envelope #			
<u>_</u>	First Name Last Name		Suffix Maiden Name (if applicable)			
Main Contact Member	Title (Mr., Ms., Dr., etc.) Nick Name	Date of Birth (MM/D	Cell Number ()			
	Church of Baptism	City	State Year			
	Church of Confirmation	City	State Year			
	Religion (if not Catholic)	Marital Status				
Maj			arried Widowed Separated			
	Church of Marriage	City	State Year			
	First Name Last Name		Suffix Maiden Name (if applicable)			
Spouse	Title (Mr., Ms., Dr., etc.) Nick Name	Date of Birth (MM/D	Cell Number			
		/ /	()			
	Church of Baptism	City	State Year			
	Church of Confirmation	City	State Year			
	Religion (if not Catholic)	Email				

Additional Family Members

Please include additional members of your household below. A household consists of those children and adults who live together in the family home as well as those who consider the family home to be their permanent address (e.g. college students). Grown children who live outside the home should be encouraged to register their own household in the parish in which they participate. Attach additional forms as needed to accommodate each family member.

l 1	First Name Last Name	Suffix Nick Name
Family Member		cation (for children grades 1-8) RE Other: State Year State Year
Family Member 2		Suffix Nick Name Cation (for children grades 1-8) RE Other: State Year State Year
Family Member 3		Suffix Nick Name Cation (for children grades 1-8) RE Other: State Year State Year
Family Member 4	Eirst Name Last Name Date of Birth (MM/DD/YYYY) Gender Grade Religious Edu TCA Church of Baptism City Church of Confirmation City	Suffix Nick Name Ication (for children grades 1-8) RE Other: State Year State Year

Photograph

Please consider including a personal or family photo with this form. The picture does not need to be formal or professional — it is not for publication. It will simply help the priests and parish staff recognize you and your family.

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parish staff recognize you and your family.				
Should we return your photo by mail?				
Yes, please No, thank you				



Parish Organizations

We invite your to participate actively in the life of our parish. Please check those organizations about which you or someone in your household might be interested in receiving more information. You will be added to their contact list and receive periodic notices about upcoming activities. If you have any questions, please call the parish office.

Roles and Activities	Contact	Spouse	Member 1	Member 2	Member 3	Member 4
Altar Server						
RE, Aide, Sub						
Choir / Cantor						
Church Cleaning						
Cursillo (Spanish)						
Extraordinary Minister						
Legión de María (Spanish)						
Mass Reader						
Offertory Collection						
Parish Grounds and Gardens						
Photographer (bulletin & web)						
Sick / Nursing Home Visitor						
St. Anne Sodality						
Eucharistic Adorer						
Prayer Chain						
Usher / Greeter						
Food Pantry						

Preferred Weekend Mass

Which Mass do you and your family attend most frequently?						
4:30 PM	MA 00:8	10:00 AM	12:15 PM	5:30 PM		

Thank You!

We are glad to have you as members of our parish family. If there is anything we can do to assist you and your family in your faith, please let us know. See our weekly bulletin and website for more information.