



FAMILY SACRAMENTAL HISTORY

Is your family registered at St. John Church? Yes No

Male / Female

Child's Last Name

Child's First Name

Gender (Circle One)

Child's Date of Birth

Child's Place of Birth

Has your child been baptized?

Yes No

If your child has not been baptized, please speak to the Director of Religious Education

Was your child baptized at St. John Church?

Yes No

If your child was baptized, but not at St. John's, please tell us where below

If YES...

Date of your child's Baptism:

If not at St John's,

Baptismal Church Name:

Phone:

Baptismal Church Street Address:

City, State & Zip Code

Please attach a copy of the Baptismal Certificate

*A Baptismal Certificate or copy of one is required to register for a sacrament.
 If you do not have a certificate, please contact the church where your child was baptized to request one.*

PARENT CONTACT INFORMATION

Family Last Name

Father's Last Name

Mother's Maiden Name

Address

Father's First Name

Mother's First Name

City

Father's Mobile Phone #

Mother's Mobile Phone #

Accept Texts? YES / NO (Circle One)

Accept Texts? YES / NO (Circle One)

Zip Code

Home Phone

Family E-mail Address

Father's E-mail Address

Mother's E-mail Address

Child lives with (Mother, Father, Both, _____)

Father's Religion

Mother's Religion