

ST. JOHN THE EVANGELIST CHURCH

2400 Ridge Rd. West, Greece, NY 14626

REGISTRATION FORM

Today's date: ____ / ____ / ____

Pair/Env # _____ Office use only

Family name: _____ Apt or PO Box _____

Wife's maiden name, if applicable: _____ House #: _____ Street name: _____

City or Post Office: _____ Home phone #: _____ Is your home phone no. unlisted? Yes 1 or No 2

Zip code: _____

How should we address our mail to you (e.g. Ms., Mr. & Mrs., Dr. & Mrs., first name(s))? Marriage blessed by the Roman Catholic Church? Year first registered here

Yes: ____ / ____ or No

	#1 Adult	#2 Adult	#3 Child or other adult in household
Name:	_____	_____	_____
Name preferred to be called:	_____	_____	_____
Date of birth:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Sex: male 1 or female 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Marital status: single 1, married 2, widower 3, separated 4, divorced 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Impairments: visual 1, hearing 2, disabled 3, homebound 4, wheelchair 5, speech 6, other 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Attends Mass: weekly 1, sometimes 2, seldom 3, never 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Work status: full time 1, part time 2, student 3, retired 4, unemployed 5, military 6, homemaker 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Occupation:	_____	_____	_____
E-mail address:	_____	_____	_____
Cell phone #:	_____	_____	_____
Baptized: Roman Catholic 1, other Christian 2, not 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Received First Penance: yes 1, no 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Received First Communion: yes 1, no 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Confirmed Roman Catholic: yes 1, no 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

#4 Child or other adult in household

#5 Child or other adult in household

Name:

Name preferred to be called:

Date of birth:

Sex: male 1 or female 2

Marital status: single 1, married 2, widow-er 3, separated 4, divorced 5

Impairments: visual 1, hearing 2, disabled 3, homebound 4, wheelchair 5, speech 6, other 7

Attends Mass: weekly 1, sometimes 2, seldom 3, never 4

Work status: full time 1, part time 2, student 3, retired 4, unemployed 5, military 6, homemaker 7

Occupation:

E-mail address:

Cell phone #:

Baptized: Roman Catholic 1, other Christian 2, not 3

Received First Penance: yes 1, no 2

Received First Communion: yes 1, no 2

Confirmed Roman Catholic: yes 1, no 2

#6 Child or other adult in household

#7 Child or other adult in household

Name:

Name preferred to be called:

Date of birth:

Sex: male 1 or female 2

Marital status: single 1, married 2, widow-er 3, separated 4, divorced 5

Impairments: visual 1, hearing 2, disabled 3, homebound 4, wheelchair 5, speech 6, other 7

Attends Mass: weekly 1, sometimes 2, seldom 3, never 4

Work status: full time 1, part time 2, student 3, retired 4, unemployed 5, military 6, homemaker 7

Occupation:

E-mail address:

Cell phone #:

Baptized: Roman Catholic 1, other Christian 2, not 3

Received First Penance: yes 1, no 2

Received First Communion: yes 1, no 2

Confirmed Roman Catholic: yes 1, no 2