

St John the Evangelist Parish

FAMILY REGISTRATION

271 Winchester St, Warrenton, VA 20186 (540) 347-2922

Reg. Date: ___/___/___

Envelope #: _____

Last Name _____ Mailing Name (ie Mr. & Mrs. John Doe): _____

Mailing Address1: _____ Address2: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: _____ - _____ - _____ Emergency Phone: _____ - _____ - _____

Family Email: _____

Former Parish: _____ City: _____ State: _____

Head of House Member Information

H
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S
E
1

First Name / Nickname: _____ / _____ Maiden _____ Date of Birth: ___/___/___
 Work Phone / Cell Phone: _____ - _____ - _____ / _____ - _____ - _____ Religion: _____
Sacrament Info: Baptism *Catholic?* Eucharist Penance Confirmation
Date and Parish ___/___/___ ___/___/___ ___/___/___ ___/___/___
 E-mail: _____ Occupation / Employer: _____ / _____

H
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2

First Name / Nickname: _____ / _____ Maiden _____ Date of Birth: ___/___/___
 Work Phone / Cell Phone: _____ - _____ - _____ / _____ - _____ - _____ Religion: _____
Sacrament Info: Baptism *Catholic?* Eucharist Penance Confirmation
Date and Parish ___/___/___ ___/___/___ ___/___/___ ___/___/___
 E-mail: _____ Occupation / Employer: _____ / _____

Marital Status (*Single, Married, Separated, Divorced, Annulled*): _____ Valid Catholic Marriage? _____ Wedding Date: ___/___/___

Church of Marriage: _____ Church City and State: _____

Dependent Children

Child's Full Name	Sex	Birth Date	Birth Place		
_____	_____	___/___/___	_____		
Sacrament, Date and Parish	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
<input type="checkbox"/> ___/___/___	<input type="checkbox"/>	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___
Received: _____					

Child's Full Name	Sex	Birth Date	Birth Place		
_____	_____	___/___/___	_____		
Sacrament, Date and Parish	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
<input type="checkbox"/> ___/___/___	<input type="checkbox"/>	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___
Received: _____					

Child's Full Name	Sex	Birth Date	Birth Place		
_____	_____	___/___/___	_____		
Sacrament, Date and Parish	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
<input type="checkbox"/> ___/___/___	<input type="checkbox"/>	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___
Received: _____					

Please fill in all blank boxes and provide changes where necessary. If you need to add additional members please use a second form.