

ST. JOHN NEPOMUCENE PARISH
New Family Registration
323 Pine St. Little Chute, WI 54140 920-788-9061

Today's Date _____

Member # _____

(Parish will assign)

Head of Household

Adult #1 _____ M/F Birthdate _____
(First) (Middle) (Last) (Maiden?)

Religion _____ Occupation _____ Employer _____

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Parish and City of Baptism _____

Adult #2 _____ M/F Birthdate _____
(First) (Middle) (Last) (Maiden?)

Religion _____ Occupation _____ Employer _____

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Parish and City of Baptism _____

If Married, Date of Marriage _____ Current Parish of Membership _____

City _____

Family Address _____ **City/Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____

Other Household Members

Name _____ M/F Birthdate _____
(First) (Middle) (Last)

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Sacraments were received at what Parish? _____

Name _____ M/F Birthdate _____
(First) (Middle) (Last)

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Sacraments were received at what Parish? _____

Name _____ M/F Birthdate _____
(First) (Middle) (Last)

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Sacraments were received at what Parish? _____

Name _____ M/F Birthdate _____
(First) (Middle) (Last)

Check if you have received the sacrament of: ___Baptism ___Reconciliation ___First Eucharist ___Confirmation

Sacraments were received at what Parish? _____

Would you like to receive envelopes in the mail? ___Yes ___No **OR Direct Deposit** ___Yes ___No