

St. John the Apostle Family Registration Form

Family Last Name: _____

Circle Mailing Label Title: Mr. & Mrs. Mr. Mrs. Ms. Miss Other: _____

Street Address _____

City/State/Zip _____

Phone # Home/Cell _____ Email: _____

For Office Use Only
ID/env: _____
Date: _____

Instructions: 1. List all family members below & fill in information for all members. Children 21 & older should fill out a separate form. 2. Return form by mail, email, drop off at the office or place in collection basket at any weekend Mass.

	Head of House	Spouse	Child #1	Child #2
First Name & Middle Initial				
Last Name, if different				
Gender - circle one	M / F	M / F	M / F	M / F
Date of Birth				
Marital Status - circle one	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced
Baptized? Church (City/State)				
Occupation or School & Grade, if a student				

	Child #3	Child #4	Child #5	Child #6
First Name & Middle Initial				
Last Name, if different				
Gender - circle one	M / F	M / F	M / F	M / F
Date of Birth				
Marital Status - circle one	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced	Single / Married Widowed / Divorced
Baptized? Church (City/State)				
Occupation or School & Grade, if a student				

Registration Card for St. John the Apostle, 515 Broadway, Brandenburg, KY 40108 270-422-2196.

(For confidential Parish Office use only)

Feb. 2019