



Mind. . .Body. . .Heart. . .Soul: The Faith Community of St. John the Baptist Catholic Church

New Parishioner Registration Form

Family Last Name: _____ **Primary Telephone:** (____) _____ - _____

Head of Household: _____ **D.O.B.:** _____ **Religion:** _____ **Confirmed?** _____

Baptism	1st Eucharist	Confirmation
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Spouse: _____ **D.O.B.:** _____ **Religion:** _____ **Confirmed?** _____

Baptism	1st Eucharist	Confirmation
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Address: _____ **City/State/Zip:** _____

Were you married in the Church? ___ **Name of Church:** _____ **Marriage Date:** _____

If not married in the church, please explain: _____

Cell phone for Husband: (____) _____ - _____ **Cell phone for Wife:** (____) _____ - _____

E-mail Address: _____ **E-mail Address # 2:** _____

Child: _____ **D.O.B.** _____ **Gender:** ___ **Baptized?** ___ **Confirmed?** ___

Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")

Baptism	1st Eucharist	Confirmation
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Child: _____ **D.O.B.** _____ **Gender:** ___ **Baptized?** ___ **Confirmed?** ___

Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")

Baptism	1st Eucharist	Confirmation
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Child: _____ **D.O.B.** _____ **Gender:** ___ **Baptized?** ___ **Confirmed?** ___

Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")

Baptism	1st Eucharist	Confirmation
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Child: _____ **D.O.B.** _____ **Gender:** ___ **Baptized?** ___ **Confirmed?** ___

Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")

Baptism	1st Eucharist	Confirmation
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Are there any special services you would like to receive from St. John's? _____

Which organizations do you plan on becoming involved with, as a new member of our Parish Family? We need you!!!

<input type="checkbox"/>	Altar Society	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	Knights of Col	<input type="checkbox"/>	Religious Educ.	<input type="checkbox"/>	St. Vincent dePaul	<input type="checkbox"/>	Other
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If "other" above, please indicate how you would like to be involved: _____

When complete, you can submit this form: via fax at 654-5796, or place in an envelope and in the weekend Mass collection, mail to 4727 McHugh Drive, Zachary, LA 70791-3935, scan & email to frontdesk@sjb-ola.org or drop off at the Parish Office.

Thank you and welcome to our parish family.

We hope to see you often!