

St. John the Baptist Parish

Family Registration Form

Office Use Only:

ID #: _____ Entered By: _____ Date Entered: _____

Family Last Name (Please Print):		Home Street Address:					City & State			Zip
Home Phone: ()		How would you like your mail to be addressed? (circle one)	Mr. & Mrs.	Mr.	Mrs.	Ms.	Miss	Other:		
Mailing Address (if different from home address):						Marital Status: Single Married Divorced Separated Widowed (Please Circle)				
If Married:	Marriage Date:		Church			City		Catholic Ceremony? Yes No		

Male Head of House

Name: _____

First

Middle Initial

Suffix (Circle if used): Jr., Sr., II, III, Other: _____

Preferred Name to be called: _____

Title (circle one): Mr. Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation/Job Title: _____

Employer: _____

Work PH: () _____ **Cell:** () _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Female Head of House

Name: _____

First

Middle Initial

Preferred Name to be called: _____

Last Name (if different from family name): _____

Maiden Name (if married): _____

Title (circle one): Mrs. Ms. Miss Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation/Job Title: _____

Employer: _____

Work PH: () _____ **Cell:** () _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

For Children in the family: Please complete the "Child" section on the reverse side. Please list children away at college. Children 24 years or older are encouraged to register on their own as an individual parish family. For additional "Child" spaces, please use a separate piece of paper and return it with your family form.

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ Lives at home (Yes or No): _____

Date of Birth: _____ Religion: _____

Current School: _____ Current Grade: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ Place of Baptism: _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ Lives at home (Yes or No): _____

Date of Birth: _____ Religion: _____

Current School: _____ Current Grade: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ Place of Baptism: _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ Lives at home (Yes or No): _____

Date of Birth: _____ Religion: _____

Current School: _____ Current Grade: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ Place of Baptism: _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ Lives at home (Yes or No): _____

Date of Birth: _____ Religion: _____

Current School: _____ Current Grade: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ Place of Baptism: _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ Lives at home (Yes or No): _____

Date of Birth: _____ Religion: _____

Current School: _____ Current Grade: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ Place of Baptism: _____

Thank you for completing your family registration form. If you should have further questions, or need additional information about the parish, please contact the Parish Office at (513) 385 – 8010.

Our mailing address is:
5361 Dry Ridge Road
Cincinnati, Ohio, 45252