

Vol. Initials: _____
 Mass Time: _____
 Date: _____



For Office Use Only

Parish No.: _____

REGISTRATION

Please print clearly and fill out in its entirety.

Family LAST NAME (Mr., Mrs., Ms.): _____

Street Address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

E-mail: _____

Occupation (Optional): _____ Location: _____ Work Phone: _____ Ext.: _____

Please mark any and all your child(ren) attend:

☐ St. John Vianney School ☐ Bishop Moore High School ☐ Religious Education Program

CONTRIBUTIONS

Would you like to receive Contribution Envelopes?

☐ Yes

☐ No

Would you like to give through Online Giving?

☐ Yes

☐ No

PLEASE NOTIFY THE PARISH OFFICE OF ANY CHANGES. IF LAST NAME IS DIFFERENT FROM ABOVE, PLEASE INCLUDE IT ALSO.

List below first names of all in family living at above address (and the last name if different)	Date of Birth			Single Married Separated Widow(er) Divorced	Married in the Catholic Church Yes / No	Sex M or F	Religion	Baptized Yes / No	1st Communion Yes / No	Confirmed Yes / No	Primary Language	Special Limitations
	MO	DAY	YR									
Head of Household												
Spouse												
Children/Other Adults												

Thank you, and welcome to the St. John Vianney parish family!