

St. John Berchmans Catholic Church

Registration Information

Please Print

Family Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Would you like to receive Donation Envelopes? Yes No

Would you like to be contacted about fundraisers? Yes No

For Office Use Only

Parish Acct. #: _____

Entered By: _____

Date: _____

Family Information

Head of Household Name: _____ Date of Birth: _____

Occupation: _____ Relationship to Head of Household: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

Sacraments Received: Baptism First Communion Confirmation

Name: _____ Date of Birth: _____ Religion: _____

Occupation: _____ Relationship to Head of Household: _____

Marital Status: Married Single Divorced Widowed

If Married: Church Civil

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