John The Baptist Parish (Cooks Valley)

Reg Date: ___ / ___ / ___

Family Registration

4540 STH 40, Bloomer, WI 54724 (715) 568-3778

Last Name: _____ **First Name(s):** _____

Mailing Name (ie Mr. & Mrs. John Doe) _____

Address: _____ **Add2:** _____

City: _____ **State:** _____ **Zip:** _____ - _____

AreaCode: _____ **Home Phone:** _____ **Emerg. Phone:** _____

Family Email: _____ Env# _____

Individual Member Information

	Member 1	Member 2
Parish Status: *(Active, Inactive)*	_____	_____
Role: *(Head of House, Husband, Wife etc.)*	_____	_____
First Name / Nickname:	_____ / _____	_____ / _____
Gender:	Male / Female (Maiden) _____	Male / Female (Maiden) _____
DOB (mm/dd/yyyy):	___ / ___ / ___	___ / ___ / ___
Email:	_____	_____
Work Phone/Cell Phone:	_____ / _____	_____ / _____
First Language:	_____	_____
Occupation/Employer:	_____ / _____	_____ / _____

Sacramental Info:

Member 1: Baptized? ☐ Catholic? ☐
Dates (mm/dd/yyyy): ___ / ___ / ___
Reconcil? ☐ ___ / ___   First Eucharist? ☐ ___ / ___   Confirmed? ☐ ___ / ___

Member 2: Baptized? ☐ Catholic? ☐
Dates: ___ / ___ / ___
Reconcil? ☐ ___ / ___   First Eucharist? ☐ ___ / ___   Confirmed? ☐ ___ / ___

(Single, Married, Separated, Divorced, Annulled)

Marital Status: _____ Valid Catholic Marriage? ☐

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household *(Son, Daughter, Mother Father etc.)*	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1. _____	_____ / _____	M / F	___ / ___ / ___	_____	_____
					_____

Check if Sacrament Received. Add Date if known. Baptism ☐ *Catholic?* ☐ Eucharist ☐ Reconciliation ☐ Confirmation ☐
___ / ___   ___ / ___   ___ / ___   ___ / ___

| 2. _____ | _____ / _____ | M / F | ___ / ___ / ___ | _____ | _____ |
| | | | | | _____ |

Check if Sacrament Received. Add Date if known. Baptism ☐ *Catholic?* ☐ Eucharist ☐ Reconciliation ☐ Confirmation ☐
___ / ___   ___ / ___   ___ / ___   ___ / ___

| 3. _____ | _____ / _____ | M / F | ___ / ___ / ___ | _____ | _____ |
| | | | | | _____ |

Check if Sacrament Received. Add Date if known. Baptism ☐ *Catholic?* ☐ Eucharist ☐ Reconciliation ☐ Confirmation ☐
___ / ___   ___ / ___   ___ / ___   ___ / ___

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.