

Parish Registration Form

Name _____
(Family name, last name only)

Street Address: _____

Mailing Address: _____

Email Address: _____

City _____ State _____ Zip _____

Family/Home Phone: _____

Male Head of Household: _____
(First name, middle name, initials, etc.)

Parish (check one):

_____ St. John Nepomucene

_____ St. Joseph's – Lankin

_____ SS. Peter & Paul – Bechyne

Date of Birth: _____
(Month, day, year)

Occupation/Office: _____
(Title, address of office)

Office Phone Number: _____ Catholic _____ Non-Catholic _____

Baptism: Yes/No (circle one) Date _____ Place _____
(Month, day, year)

Confirmation: Yes/No (circle one) Date _____ Place _____
(Month, day, year)

Marriage: Yes/No (circle one) First/Only Marriage: Yes/No (circle one)

Spouse: _____ Date _____ Place _____
(First name, maiden name) (Month, day, year)

Female Head of Household: _____ Date of Birth: _____
(First name, middle name, initials, etc.) (Month, day, year)

Occupation/Office: _____
(Title, address of office)

Office Phone Number: _____ Catholic _____ Non-Catholic _____

Baptism: Yes/No (circle one) Date _____ Place _____
(Month, day, year)

Confirmation: Yes/No (circle one) Date _____ Place _____
(Month, day, year)

Marriage: Yes/No (circle one) First/Only Marriage: Yes/No (circle one)

Spouse: _____ Date _____ Place _____
(First name) (Month, day, year)

(Turn page, list children on other side. Thank you.)

This side of the page is for children and extended family living in your household. Please list children oldest to youngest. Star those who are not living at home. Where dates are requested, please list by month, day and year. Please try to list dates for sacraments. Note extended family below children.

Name (First & Middle)	Date of Birth	Year & Place of Baptism	Year & Place Of Confirmation	Date/Place of Marriage	Spouse's Name

Would any member of your household be interested in becoming or joining any of the following? If so, please indicate below:

Eucharistic Minister _____

Altar Server _____

Choir _____

CCD Instructor _____

Usher _____

Reader _____

Council Member _____

Trustee _____

Please complete and return this registration form and mail it to the parish office (address listed below) or place it in the Sunday collection at any of the 3 churches. Some of the questions on this form ask for significant detail. Please supply as much as you can. If you can't supply all of the dates & places, don't worry about it.

St. John Nepomucene
 PO Box 27
 Pisek, ND 58273