

# St. John the Baptist Latin Mass Community — Parishioner Registration Form

Please print answers legibly in the spaces provided

Family Last Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

For Office Use Only

Date Rec'd: \_\_\_\_\_

Approved \_\_\_\_\_; \_\_\_\_\_

Processed \_\_\_\_\_; \_\_\_\_\_

In the spaces below, please provide information about yourself as head of household, or about yourself and your spouse. Any dependent children in the household/family should be listed on the back page of this form. *Other adults in the household/family, including your adult children, should complete a separate Parishioner Registration Form of their own.*

## Head of Household

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation  Matrimony  Holy Orders

## Spouse

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation  Matrimony  Holy Orders

Wedding date: \_\_\_\_\_ Witnessed by:  Catholic priest or deacon  Other (specify) \_\_\_\_\_

Which of you were Catholic at the time of your wedding?  Both  Husband only  Wife only  Neither

If at least one of you was Catholic at the time of your wedding *and* you were married in a non-Catholic ceremony, did you receive dispensation from the bishop *or* was your marriage later convalidated in the Catholic Church?  Yes  No

**After completing this form, place it in the Sunday collection basket, or mail it to the office at 1921 Maple St., North Little Rock, AR 72114. If you have questions, please call (501) 812-9155.**

## Dependent Children

(If additional sheets are needed, please copy this page and staple the pages together)

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Is he/she currently in school?  Yes  No

If yes, where? \_\_\_\_\_ Which grade? \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Is he/she currently in school?  Yes  No

If yes, where? \_\_\_\_\_ Which grade? \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Is he/she currently in school?  Yes  No

If yes, where? \_\_\_\_\_ Which grade? \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Is he/she currently in school?  Yes  No

If yes, where? \_\_\_\_\_ Which grade? \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation

Name \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_\_ Is he/she currently in school?  Yes  No

If yes, where? \_\_\_\_\_ Which grade? \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Sacraments Received:  Baptism  Penance  Eucharist  Confirmation