Volunteer Initials_____

Mass Time_____

Date_____

REGISTRATION

For Office Use Only

Parish ID #_____

Date_____

Please, print clearly and fill out in its entirety.

Family LAST NAME_____

Mailing Address:_____ **Apt** _____

City_____**State**_____ **Zip**_____

Email:_____

Home Phone_____**Cell Phone:**_____ **Emergency Phone**_____

What prompted you to register at this time? (**Circle all that apply):** *New to SJV* *Baptism* *Wedding* *Sponsor/Godparent* *New to SJV School* *Returning to SJV School* *Enrolling in Faith Formation Program*

Comments:

PLEASE NOTIFY 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)	Relationship to Head of Household	Sex M or F	Single Married Separated Widow(er) Divorced	Married in the Catholic Church Yes/No)	Date of Birth			Primary Language(s)	Occupation	Religion	Baptized Yes / No	1st Communion Yes / No	Confirmed Yes / No
					MO	DAY	YR						
Head of Household													
Spouse													
Children/Other Adults													