



New Parishioner Registration Form

Family Last Name: _____ Primary Telephone: (____) _____ - _____

Head of Household: _____	D.O.B.: _____	Religion: _____	Confirmed? _____
Baptism	1st Eucharist	Confirmation	

Spouse: _____	D.O.B.: _____	Religion: _____	Confirmed? _____
Baptism	1st Eucharist	Confirmation	

Address: _____ City/State/Zip: _____

Were you married in the Church? _____ Name of Church: _____ Marriage Date: _____

If not married in the church, please explain: _____

Cell phone for Husband: (____) _____ - _____ Cell phone for Wife: (____) _____ - _____

E-mail Address: _____ E-mail Address # 2: _____

E-mail address is optional, however, please list yours if you wish to receive weekly updates regarding Masses, Programs, Sacramental Preparation, Funerals, etc..

Child: _____	D.O.B. _____	Age: ____	Baptized? _____	Confirmed? _____
Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")				
Baptism	1st Eucharist	Confirmation		

Child: _____	D.O.B. _____	Age: ____	Baptized? _____	Confirmed? _____
Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")				
Baptism	1st Eucharist	Confirmation		

Child: _____	D.O.B. _____	Age: ____	Baptized? _____	Confirmed? _____
Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")				
Baptism	1st Eucharist	Confirmation		

Child: _____	D.O.B. _____	Age: ____	Baptized? _____	Confirmed? _____
Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-")				
Baptism	1st Eucharist	Confirmation		

Are there any special services you would like to receive from St. John's? _____

Which organizations do you plan on becoming involved with, as a new member of our Parish Family? We need you!!!

<input type="checkbox"/>	Altar Society	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	Knights of Col	<input type="checkbox"/>	Religious Educ.	<input type="checkbox"/>	Legion of Mary	<input type="checkbox"/>	Other
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If "other" above, please indicate how you would like to be involved: _____

When complete, you can submit this form: via fax at 654-5796, or place in an envelope and in the weekend Mass collection, mail to 4727 McHugh Drive, Zachary, LA 70791-3935, scan & email to webmaster@sjb-ola.org, or drop off at the Parish Office. Thank you and welcome to our parish family. We hope to see you often!