



New Parishioner Registration Form

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

Number of Adults in Family: _____ Number of Children in Family (*under 18*): _____

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..

Name of Child: _____ DOB _____ Age: _____ Baptized? _____ Confirmed? _____

Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with “+/-“)

| | | |
|---------|---------------|--------------|
| Baptism | 1st Eucharist | Confirmation |
|---------|---------------|--------------|

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|---------|---------------|--------------|

Are there any special services you would like to receive from St. John/Our Lady? _____

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 |
|--------------------------|---------------|--------------------------|------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|-------|

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!