

Envelope # _____ (Office Use Only)

Page ____ of ____

No Envelope (Office Use Only)

Registration Date ____ / ____ / ____

St. John Neumann Church

Family Registration

560 Walton Ave, Mount Laurel. NJ 08054 856-235-1330

(Please Print)

Last Name: _____

Address: _____ Add2: _____

City : _____ State: _____ Zip: _____

Home Phone ____ - ____ - _____ Cell Phone ____ - ____ - _____

Family Email: _____

Individual Member Information

Adult # ____ Mr. Mrs. Ms. Miss Dr.

Name:

First _____ M. _____

Last _____ Maiden _____

Birth Date ____ / ____ / ____ Gender Male Female

Religion: Catholic Other _____

Please Check Sacraments Received

Baptized Reconciliation First Eucharist

Confirmation

Please Check Marital Status

Married Single Divorced Widow/Widower

Relationship (Husband, Wife, Parent, etc) _____

Occupation _____

Adult # ____ Mr. Mrs. Ms. Miss Dr.

Name:

First _____ M. _____

Last _____ Maiden _____

Birth Date ____ / ____ / ____ Gender Male Female

Religion: Catholic Other _____

Please Check Sacraments Received

Baptized Reconciliation First Eucharist

Confirmation

Please Check Marital Status

Married Single Divorced Widow/Widower

Relationship (Husband, Wife, Parent, etc) _____

Occupation _____

Marriage Information

Date ____ / ____ / ____

Married Catholic Church _____ City _____ State _____

Married Other Where _____ City _____ State _____

Dependent Children Information

1.Name First _____ M _____ Last _____ Birth Date ____ / ____ / ____

Baptized Reconciliation First Eucharist Confirmation Gender Male Female

2.Name First _____ M _____ Last _____ Birth Date ____ / ____ / ____

Baptized Reconciliation First Eucharist Confirmation Gender Male Female

3.Name First _____ M _____ Last _____ Birth Date ____ / ____ / ____

Baptized Reconciliation First Eucharist Confirmation Gender Male Female

4.Name First _____ M _____ Last _____ Birth Date ____ / ____ / ____

Baptized Reconciliation First Eucharist Confirmation Gender Male Female