



# Saint John Nepomuk Catholic Church

## Parish Registration Form

Family Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Today's Date \_\_\_\_\_  
Please Print

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Please Print

E-Mail Address(es) \_\_\_\_\_

Status: \_\_\_ Single \_\_\_ Married If Married: Date of Marriage \_\_\_/\_\_\_/\_\_\_ Was it in the Catholic Church? Yes / No  
\_\_\_ Divorced \_\_\_ Widowed Performed by \_\_\_\_\_

Church Name \_\_\_\_\_

Church City/State/Country \_\_\_\_\_

Are you interested in any of the following? Please check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Children's Religious Education                | <input type="checkbox"/> Homebound Ministry           | <input type="checkbox"/> Monthly Giving Envelopes  |
| <input type="checkbox"/> 1/2 TYME Children's Ministry (6th-8th grades) | <input type="checkbox"/> Volunteer Opportunities      | <input type="checkbox"/> WeShare Online Giving   |
| <input type="checkbox"/> TYME Children's Ministry (9th-12th grades)    | <input type="checkbox"/> Safe Environment Training    | <input type="checkbox"/> ACH Monthly Draft   |
| <input type="checkbox"/> SJN Catholic School                           | <input type="checkbox"/> Adult Education Groups       | <input type="checkbox"/> Subscription to 'Sooner Catholic'<br>(the newspaper for the Archdiocese of Oklahoma City) |
| <input type="checkbox"/> Inquiry                                       | <input type="checkbox"/> Men's Groups                 |  |
| <input type="checkbox"/> RCIA/RCIC                                     | <input type="checkbox"/> Women's Groups               |  |
| <input type="checkbox"/> Catholics Coming Home                         | <input type="checkbox"/> Mature Adult Groups          |  |
| <input type="checkbox"/> Discerning Religious Vocation                 | <input type="checkbox"/> Community Service Groups     |  |
| <input type="checkbox"/> Baptism Requirements                          | <input type="checkbox"/> Other. Please explain: _____ |  |
| <input type="checkbox"/> 1st Communion Preparation                     | _____   |  |
| <input type="checkbox"/> Confirmation                                  | _____   |  |
| <input type="checkbox"/> Marriage Preparation                          | _____   |  |
| <input type="checkbox"/> Marriage Convalidation                        | _____   |  |
| <input type="checkbox"/> Annulment                                     | _____   |  |

<b>STAFF USE ONLY</b>	
Parish ID #	_____
Date Registered in	_____
PDS	_____
OSV	_____
SC	_____
Other	_____

**Please list family members on the back of this form. Return completed form to the Parish office.**

For each member of the Household, please indicate the following to the best of your knowledge.

	PRIMARY	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT	DEPENDENT
First Name						
Middle Name						
Maiden (if applicable)						
Last Name (if different)						
Relationship to Primary						
Date of Birth						
Religion						
Occupation or School & Grade						
Language Spoken at Home						
Disability						
	<b>SACRAMENTS</b>	<b>SACRAMENTS</b>	<b>SACRAMENTS</b>	<b>SACRAMENTS</b>	<b>SACRAMENTS</b>	<b>SACRAMENTS</b>
Baptism Date						
Church Name & City/State						
1 <sup>st</sup> Communion Date						
Church Name & City/State						
Confirmation Date						
Church Name & City/State						

**Please use additional sheets, if needed, to list all family members. Return completed form to the Parish office.**