

# REGION ELEVEN PARISH MEMBERSHIP REGISTRATION FORM

## St. John the Evangelist Parish

FAMILY  
INFO

Household Mailing Name: \_\_\_\_\_ (example Rick & Angie Smith)

Household Address: \_\_\_\_\_

Household Telephone Number \_\_\_\_\_

MALE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Marital Status: S / M Date of Birth: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Catholic?: Y / N

Baptized?: Y / N Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Church & City of Confirmation \_\_\_\_\_

Marriage?: Y / N Date: \_\_\_/\_\_\_/\_\_\_ Church & City of Marriage \_\_\_\_\_

FEMALE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MaidenName \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Marital Status: S / M Date of Birth: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Catholic?: Y / N

Baptized?: Y / N Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Church & City of Confirmation \_\_\_\_\_

Marriage?: Y / N Date: \_\_\_/\_\_\_/\_\_\_ Church & City of Marriage \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender: M / F Birth date: \_\_\_/\_\_\_/\_\_\_

Baptized?: Y / N Catholic?: Y / N Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Church & City of Confirmation \_\_\_\_\_

CHILD

Name: \_\_\_\_\_ Gender: M / F Birth date: \_\_\_/\_\_\_/\_\_\_

Baptized?: Y / N Catholic?: Y / N Church & City of Baptism \_\_\_\_\_

First Communion?: Y / N Church & City of First Communion \_\_\_\_\_

Confirmed?: Y / N Church & City of Confirmation \_\_\_\_\_

CHILD	Name: _____ Gender: M / F Birth date: ____/____/____
	Baptized?: Y / N Catholic?: Y / N Church & City of Baptism _____
	First Communion?: Y / N Church & City of First Communion _____
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CHILD	Name: _____ Gender: M / F Birth date: ____/____/____
	Baptized?: Y / N Catholic?: Y / N Church & City of Baptism _____
	First Communion?: Y / N Church & City of First Communion _____
	Confirmed?: Y / N Church & City of Confirmation _____

If you have more family members to add please include them on a separate piece of paper.

**Indicate the ministries you are interested in (check all that apply)**

**Ministries during Mass:**

- \_\_\_\_ Eucharistic Minister
- \_\_\_\_ Lector/Reader
- \_\_\_\_ Usher
- \_\_\_\_ Mass Server
- \_\_\_\_ Choir
- \_\_\_\_ Mass Coordinator

**Grounds/Buildings:**

- \_\_\_\_ Gardening/Plant care
- \_\_\_\_ Lawn Care
- \_\_\_\_ Painting
- \_\_\_\_ General Cleaning
- Pastoral Ministry:**
- \_\_\_\_ Hospital Visits
- \_\_\_\_ Visits to the Homebound

**Parish Office:**

- \_\_\_\_ Copying/Filing
- \_\_\_\_ Large Mailings
- \_\_\_\_ Data Entry
- Fish Fry: (during Lent)**
- \_\_\_\_ Cooking
- \_\_\_\_ Set up
- \_\_\_\_ Clean up
- \_\_\_\_ Serving

**Committees:**

- \_\_\_\_ Parish Council
- \_\_\_\_ Finance Committee
- \_\_\_\_ St. Vincent de Paul
- Parish Festival:**
- \_\_\_\_ Set up
- \_\_\_\_ Take Down
- \_\_\_\_ Booth Chairperson
- \_\_\_\_ Working at booth

**Educational Ministries:**

- \_\_\_\_ Parish School of Religion (PSR) Helper
- \_\_\_\_ VBC -Vacation Bible Camp Helper

Is there any other information that you like to share with us about yourself or a family member?

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PLEASE RETURN THIS FORM TO THE REGIONAL OFFICE:  
 4136 Myrtle Ave., Cinti., OH 45236 (513) 791-9004  
 www.stjohndp.org Email: office@blr.church