ST. JOHN THE EVANGELIST - Attleboro, MA

New Parishioner Registration Form

Family Name (Last Name):				· · · · · · · · · · · · · · · · · · ·
Date:				
Primary Address:				
Street:		(City:	
State:Zip:				
Phone Number(s):				
Home:	Mobile:_			
Email:				
Preferred Method of Contact:				
☐ Phone				
☐ Email				
Household Members:				
	1			
Full Name:	Date of	Sex:	Relationship:	Sacraments Received

Full Name: (First, Middle, and Last)	Date of Birth:	Sex: (M/F)	Relationship:	Sacraments Received: (Baptism, Communion, Confirmation)

Would you like to be involved in any ministries?	
□ Yes	
\square No	
If so, please describe:	
Would you like to receive budget envelopes?	
□ Yes	
\square No	
Additional Information or Specific Needs:	

^{*}Please return this form to Office or Greeter at Mass*