

## **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:**[illegible]

**Would you like to be involved in any ministries?**

☐ **Yes**

☐ **No**

**If so, please describe:** \_\_\_\_\_

**Would you like to receive budget envelopes?**

☐ **Yes**

☐ **No**

**Additional Information or Specific Needs:**

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**\*Please return this form to Fr. Pregana after Mass. He would love to meet you!\***