



# Saint John the Evangelist Parish

72 South Main Street  
Concord, New Hampshire 03301

## Parish Registration Form PLEASE PRINT CLEARLY

Membership # \_\_\_\_\_

Date: \_\_\_\_\_

Household LAST NAME: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

House Address, if different: \_\_\_\_\_

**Male's Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: Catholic \_\_\_\_\_ Other: \_\_\_\_\_

Sacraments Received: Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Work Number: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

**Female's Full Name:** \_\_\_\_\_

(Including Maiden Name)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: Catholic \_\_\_\_\_ Other: \_\_\_\_\_

Sacraments Received: Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

Work Number: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

**Marital Status:** Married Y/N Date: \_\_\_\_\_ Single: Y/N Widowed: Y/N Divorced Y/N Separated Y/N

If remarried, 2nd marriage for male/female/both

**Children** living in same household

**1) Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

**2) Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

3) **Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

4) **Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

5) **Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

6) **Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

**Other Relatives** living in same household

**Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Baptism Y/N 1st Communion Y/N 1st Reconciliation Y/N Confirmation Y/N

Grade \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

If non-Catholic, would you be interested in becoming Roman Catholic (RCIA)? Y/N Name: \_\_\_\_\_

**Organizations and Ministries.** Please place an (X) by those organizations you would be interested in joining and would like more information about.

- |                                    |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|
| Family Rosary _____                | Rel. Ed. Teacher _____      | Classroom Aide _____        |
| Youth Ministry _____               | Music Ministry/Choir _____  | Lector _____                |
| Eucharistic Minister _____         | Altar Server _____          | Usher _____                 |
| Adult Bible Study _____            | Women's Ministries _____    | Crafts _____                |
| Women's & Men's Prayer Group _____ | RCIA _____                  | Baking _____                |
| Ministers to the Homebound _____   | St. Vincent de Paul _____   | Fellowship Committee _____  |
| Stephen Ministers _____            | Interfaith Caregivers _____ | Bereavement Committee _____ |
| Marriage Prep Team _____           | Baptismal Prep Team _____   | Forever Young _____         |
| Catholic Daughters _____           | Squires _____               | Carpentry _____             |

Would you like to be included in the **offertory envelope system**? Y/N

The IRS no longer allows canceled checks as proof of donations.

Registration information is kept within the parish office only. Please return this form to the **Rectory Office at 72 South Main Street, Concord, NH 03301** or place in the collection basket.

Office hours are Monday through Friday, 9 a.m. to 4:30 p.m.

Telephone: 224-2328