

St. John Vianney Family Registration

Reg Date: / /

32 East Morris Street, Bath, NY 14810 (607) 776-3327

Last Name: **First Name(s):**

Mailing Name (ie Mr. & Mrs. John Doe)

Address: **Add2:**

City: **State:** **Zip:** -

AreaCode: **Home Phone:** **Emerg. Phone:**

Family Email: **Env#**

Individual Member Information

Parish Status: <small>(Active, Inactive)</small>		
Role: <small>(Head of House, Husband, Wife etc.)</small>		
First Name / Nickname:	 / 	 /
Gender:	Male / Female (Maiden) 	Male / Female (Maiden)
DOB (mm/dd/yyyy):	 / / 	 / /
Email:		
Work Phone/Cell Phone:	 / 	 /
First Language:		
Occupation/Employer:	 / 	 /
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	 / / 	 / /
<small>(Single, Married, Separated, Divorced, Annulled)</small>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	 Valid Catholic Marriage? <input type="checkbox"/>	 / /

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
<small>(Son, Daughter, Mother, Father etc.)</small>					
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
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