



ST. JOHN VIANNEY

Roman Catholic Church
608-752-8708

Parish Registration Form

Last name: _____

Please **print** your responses. Fill out both sides.

M _____ First: _____ M.I. _____ Last: _____ Cell phone: _____

M _____ First: _____ M.I. _____ Last: _____ Cell phone: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Primary Email: _____

Secondary Email: _____

Would you like to subscribe to the *Catholic Herald*, the Diocesan weekly newspaper? (circle one: Yes/No)

Submit this form in person or via mail or e-mail:
St. John Vianney, 1245 Clark St., Janesville, WI 53545 or parish@sjv.org

For Office Use Only: Family ID No.: _____
Date: _____

Household Member Information

Please only enter people who are presently residing in your household—dependent children, or children who are temporarily away for college or military.

	Head of Household	Spouse	Child	Child	Child	Child
First Name						
Last Name						
Maiden Name <i>(if applicable)</i>						
Marital Status						
Religion						
Date of Birth (MM/DD/YYYY)						
Gender						
Sacraments received (check all that apply)						
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage date and Church location						
Occupation						
Company						
School/Grade						
Cell Phone						
E-mail address						