

REGISTRATION FORM

St. John Fisher Church 30 Jones Hollow Road Marlborough CT 06447-1141

Please Print and Complete All Information

Date: _____

Family Name Last _____ First _____ Spouse _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone 1 _____ Cell Phone 2 _____
 Listed: Yes or No Listed: Yes or No Listed: Yes or No

Famly email address: _____ Total Number of Members Living in Household: _____

Special Accomodations (Disabled, Homebound, etc) _____

Marital Status:

- Single
- Engaged
- Married
- Separated
- Divorced
- Widowed

If Married, Spouse's Maiden Name: _____

Date of Marriage _____

Place of Marriage _____

- Catholic Church
- Other Church
- Civil Court

Please only list children living in the home

	Adult		Adult		Child		Child		Child		Child	
First Name												
Sex	M	F	M	F	M	F	M	F	M	F	M	F
Date of Birth (MM/DD/YY)												
Occupation												
Employer or School												
Work Phone												
Religion												
Sacraments Received												
(circle Yes or No)												
Baptism	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Communion	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Confirmation	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Marriage	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

Do you wish to use contribution envelopes? YES or NO