

The Church of Saint John of St. Paul - Revised _____
PARISHIONER REGISTRATION/ INFORMATION

Family Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Other Phone (____) _____

Husband's Name _____
Date of birth _____
Baptized _____ First Communion _____ Confirmation _____
Religion _____
Spouse's Name _____
(Maiden Name) _____
Date of birth _____
Baptized _____ First Communion _____ Confirmation _____
Religion _____
Date of Marriage _____
Place Of Marriage Ceremony _____

Children: Still living at home

Name: _____
Date of birth _____ Place of Birth _____
Baptized _____ First Communion _____ Confirmation _____

Name: _____
Date of birth _____ Place of Birth _____
Baptized _____ First Communion _____ Confirmation _____

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Date of birth _____ Place of Birth _____
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Baptized _____ First Communion _____ Confirmation _____

Name: _____
Date of birth _____ Place of Birth _____
Baptized _____ First Communion _____ Confirmation _____

Special Skills and Talents that you would consider sharing with the church, such as carpentry, painting, plumbing, sewing, etc.

Are you homebound/shut-in and would like Communion Calls? _____

Please fill out this form and return it to:

Church of St. John of St. Paul
977 E. 5th St.
St. Paul, MN 55106