

# St. John & Paul II

CATHOLIC PARISH

3110 17 Mile Road | Cedar Springs, MI 49319 | 616.696.3904 | jp2-mqa.org

## PARISH REGISTRATION FORM

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

### Family Information

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

2nd Language Spoken in Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Marital Status \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_

Mass Time Preference: **Saturday**  4:00pm **Sunday**  8:00am  10:00am

### Head of Household

Mr.  Mrs.  Miss  Ms.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ DOB \_\_\_\_\_

Religion \_\_\_\_\_ Baptized  Yes  No Baptismal Anniversary \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Hobbies \_\_\_\_\_

Preferred Communication Method:  email  Phone Call  Text  Mail

### Spouse

Mr.  Mrs.  Miss  Ms.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ DOB \_\_\_\_\_

Religion \_\_\_\_\_ Baptized  Yes  No Baptismal Anniversary \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Hobbies \_\_\_\_\_

Preferred Communication Method:  email  Phone Call  Text  Mail

**Do you use online giving?**  Yes  No

**Do you need envelopes mailed if you use online giving?**  Yes  No

Is there anyone who is handicapped or has special needs that lives at this address? \_\_\_\_\_

Explain briefly: \_\_\_\_\_

**Please list children on the reverse side of this form (anyone over the age of 18 should register separately)**

### Seasonal Information

Winter Address \_\_\_\_\_

Months you are away \_\_\_\_\_ Do you wish to receive parish mailings?

