

St. John the Baptist Catholic Church

4595 Bayview Drive
Fort Lauderdale, Florida 33308-5330

Parish Registration Form

Family Name : _____ Date: _____

Address: _____ Apt _____

City: _____ Zip: _____ Home Phone: _____

Head of Household:

Title: Mr. Mrs. Ms. Dr. Miss Name _____

Catholic or Other _____ Occupation _____

Work Phone _____ Cell Phone _____

Date of Birth _____ Email: _____

Marital Status S M W D Married in the Church: Yes or No Date _____

Spouse:

Title: Mr. Mrs. Ms. Dr. Miss Name _____

Catholic or Other _____ Occupation _____

Work Phone _____ Cell Phone _____

Date of Birth _____ Email: _____

Marital Status S M W D Married in the Church: Yes or No Date _____

Other Family Members in residence:

Title: Mr. Mrs. Ms. Dr. Miss Name _____

Catholic or Other _____ Occupation _____

Work Phone _____ Cell Phone _____

Date of Birth _____ Email: _____

Marital Status S M W D Married in the Church: Yes or No Date _____

<u>Children Living at Home:</u>	Date of Birth	Gender	School	Baptized	Confirmed
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Special needs of family/individual: _____

Request Envelopes _____ or No Envelopes _____