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.☐ Name _____

Catholic or Other _____ Occupation _____

Cell/Home Phone _____

Date of Birth _____ Email: _____

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

Co-Head of Household:

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

Catholic or Other _____ Occupation _____

Cell/Home 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 _____

Children Living at Home:	Date of Birth	Gender	School	Baptized	Confirmed
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____
_____	_____	____	_____	_____	_____

Special needs of family/individual: _____

Request Envelopes _____ or No Envelopes _____