

Date \_\_\_\_\_

For Office Use  
ENV # \_\_\_\_\_



## Saint John Paul II Parish Registration Form

### HEAD OF HOUSEHOLD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Suffix ☐ Sr. ☐ Jr. ☐ II ☐ III Gender ☐ Male ☐ Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary Date (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

☐ I would like to receive the bulletin via email Married by priest in Catholic Church ☐ yes ☐ no

Sacraments Received ☐ Baptism ☐ Confirmation ☐ Eucharist ☐ Matrimony

### SPOUSE/OTHER ADULT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Suffix ☐ Sr. ☐ Jr. ☐ II ☐ III Gender ☐ Male ☐ Female

Maiden Name (if applicable) \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary Date (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

☐ I would like to receive the bulletin via email Married by priest in Catholic Church ☐ yes ☐ no

Sacraments Received ☐ Baptism ☐ Confirmation ☐ Eucharist ☐ Matrimony

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

(Adult children out of college should register on their own, even if at same residence.)

**OTHER MINOR, OR COLLEGE-AGED CHILD RESIDING AT HOME**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix ☐ Sr. ☐ Jr. ☐ II ☐ III Gender ☐ Male ☐ Female Cell Phone \_\_\_\_\_

Relation to Head of Household ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade (if applicable) \_\_\_\_\_ School \_\_\_\_\_

Email Address \_\_\_\_\_ Religion \_\_\_\_\_

☐ I would like to receive the bulletin via email Sacraments Received ☐ Baptism ☐ First Eucharist ☐ Confirmation

**OTHER MINOR, OR COLLEGE-AGED CHILD RESIDING AT HOME**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix ☐ Sr. ☐ Jr. ☐ II ☐ III Gender ☐ Male ☐ Female Cell Phone \_\_\_\_\_

Relation to Head of Household ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade (if applicable) \_\_\_\_\_ School \_\_\_\_\_

Email Address \_\_\_\_\_ Religion \_\_\_\_\_

☐ I would like to receive the bulletin via email Sacraments Received ☐ Baptism ☐ First Eucharist ☐ Confirmation

**OTHER ADULT, MINOR, OR COLLEGE-AGED CHILD RESIDING AT HOME**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix ☐ Sr. ☐ Jr. ☐ II ☐ III Gender ☐ Male ☐ Female Cell Phone \_\_\_\_\_

Relation to Head of Household ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade (if applicable) \_\_\_\_\_ School \_\_\_\_\_

Email Address \_\_\_\_\_ Religion \_\_\_\_\_

☐ I would like to receive the bulletin via email Sacraments Received ☐ Baptism ☐ First Eucharist ☐ Confirmation

PLEASE LIST MEMBERS OF YOUR FAMILY CURRENTLY SERVING OR INTERESTED IN SERVING IN THE FOLLOWING MINISTRIES:

	Name(s)	Mass Preference
Sacristan	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Altar Server	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Lector	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
E.M. of Holy Communion	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Minister of Hospitality	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Choir Member	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Cantor	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Catechist	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Sunday Catechist	<div></div> <div></div>	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Weekday
Organization of Special Events	<div></div>	
Welcoming New Parishioners	<div></div>	
Grounds	<div></div>	
Transportation	<div></div>	
Bulletin Assistance	<div></div>	
Parish Office Assistance	<div></div>	
Helping with Parish Fundraisers	<div></div>	
Hospital Ministry	<div></div>	
Ministry to Homebound	<div></div>	

OTHER PERTINENT INFORMATION YOU FEEL WE SHOULD KNOW (I.E. FAMILY MEMBER IN NURSING HOME, FAMILY SITUATION, ETC.)

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IF YOU ARE NO LONGER ATTENDING SAINT JOHN PAUL II PARISH, PLEASE FILL OUT THE FOLLOWING FORM:

Name 

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Address 

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 Phone 

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Parish at which you are registered (or intend to register) 

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Comments 

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*Please return completed parish registration form by placing in the collection basket at Mass,  
by dropping off at our Parish Office Center, or by mailing to:*

Saint John Paul II Parish  
3160 Carla Drive  
Saginaw, MI 48604