

**Clustered Parishes of**  
 St. Cornelius       St. John  
**Parish Registration**



Family Name: \_\_\_\_\_

Envelope # \_\_\_\_\_

Street Address: \_\_\_\_\_

*Office use only* **Registration Date:** \_\_\_\_\_

Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

**Adult Members of Household**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City/State/Country of Birth \_\_\_\_\_

City/State/Country of Birth \_\_\_\_\_

Catholic    Yes    No  
*If no specify other religion \_\_\_\_\_*  
*Or indicate none*

Catholic    Yes    No  
*If no specify other religion \_\_\_\_\_*  
*Or indicate none*

Marital Status: *Single {} Married {}*  
*Divorced {} Widowed {}*

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*Divorced {} Widowed {}*

If married were you married in a Catholic Church?  Yes  No

If married were you married in a Catholic Church?  Yes  No

If yes which Church? \_\_\_\_\_

If yes which Church? \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Talent: \_\_\_\_\_

Talent: \_\_\_\_\_

**Sacraments Received**

- Baptism
- Eucharist
- Confirmation
- Matrimony

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Last Parish [*Please include City/State*] \_\_\_\_\_

Years in last Parish \_\_\_\_\_

Are there other adults living in your household (mother/father/in-laws/brother/sisters?) \_\_\_\_\_

If yes please list them separately. If they are members of the parish OR have them complete a separate data form.

Please list children oldest to youngest still residing at home

Full Name: \_\_\_\_\_

Lives at home  Live with other parent   
 Away at school   
 Date of Birth: \_\_\_\_\_  
 City/State of Birth: \_\_\_\_\_  
*Would like information on*  
 Religious Ed  Altar Serving  Youth Group   
**Sacraments Received & Where & When**  
 Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 First Penance \_\_\_\_\_  
 \_\_\_\_\_  
 Eucharist \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_

Lives at home  Live with other parent   
 Away at school   
 Date of Birth: \_\_\_\_\_  
 City/State of Birth: \_\_\_\_\_  
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 Eucharist \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_

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 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

*If you need more spaces for children please use an additional form*

**I would like more information about the following activities**

*Please check any that apply and indicate who in the family is interested and someone from  
 The parish organization will contact you*

**Liturgical Ministry**

- Choir
- Eucharistic Minister
- Lector
- Greeter
- Sacristan

**Parish Ministries**

- Maintenance
- Christian Service
- Rosary Altar Society
- Religious Education  
Teacher
- Ushers Club
- Women of St. Cornelius
- S.A.P.S. (Senior Adult  
Parishioner Society)

**Tuesday**

**9 am - 3 pm**

**Wednesday**

**9 am - 3 pm**

**Friday**

**9 am - 3 pm**

**810.796.2926**

**Fax 810.796.9713**

