

## Saint John the Baptist Roman Catholic Parish

*Please return completed registration form to:*

St. John the Baptist Parish Pastoral Center  
1501 Virginia Avenue, Monaca, PA 15061

Phone: 724.775.3940 | Fax: 724.775.6886

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

Address \_\_\_\_\_

### **HEAD OF HOUSEHOLD:**

Title \_\_\_\_\_ Full Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Gender: M  F

eMail \_\_\_\_\_ Cell \_\_\_\_\_ May we contact you by text? Yes  No

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized: Yes  No  If baptized, date (if known) & church of baptism: \_\_\_\_\_

1<sup>st</sup> Communion: Yes  No  Confirmation: Yes  No  Marital Status: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were you married by a Catholic priest? \_\_\_\_\_ Yes  No

If divorced, do you need an annulment? \_\_\_\_\_ Yes  No

Are you homebound? \_\_\_\_\_ Would you like Holy Communion brought to the home? \_\_\_\_\_

\_\_\_\_\_ I am interested in receiving First Communion and/or Confirmation. Please contact me.

### **SPOUSE:**

Title \_\_\_\_\_ Full Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Gender: M  F

eMail \_\_\_\_\_ Cell \_\_\_\_\_ May we contact you by text? Yes  No

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized: Yes  No  If baptized, date (if known) & church of baptism: \_\_\_\_\_

1<sup>st</sup> Communion: Yes  No  Confirmation: Yes  No  Marital Status: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were you married by a Catholic priest? \_\_\_\_\_ Yes  No

If divorced, do you need an annulment? \_\_\_\_\_ Yes  No

Are you homebound? \_\_\_\_\_ Would you like Holy Communion brought to the home? \_\_\_\_\_

\_\_\_\_\_ I am interested in receiving First Communion and/or Confirmation. Please contact me.

**CHILDREN (Under Age 18) LIVING AT HOME:**

*(Continue listing on back page if necessary)*

First & Middle Name \_\_\_\_\_

Last Name (if different than family) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M  F

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received:

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

First & Middle Name \_\_\_\_\_

Last Name (if different than family) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M  F

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received:

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

First & Middle Name \_\_\_\_\_

Last Name (if different than family) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M  F

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received:

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

First & Middle Name \_\_\_\_\_

Last Name (if different than family) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M  F

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received:

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

**OTHERS (Over Age 18) LIVING IN HOUSEHOLD/RELATIONSHIP:**

*(Continue listing on back page if necessary)*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M  F

eMail \_\_\_\_\_ Cell \_\_\_\_\_ May we contact you by text? Yes  No

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received:

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

**PLEASE CHECK ALL AREAS OF MINISTRY IN WHICH  
ANYONE IN YOUR HOUSEHOLD DESIRES TO PARTICIPATE:**

LITURGICAL MINISTRIES

- |  |   |
|--|---|
| <input type="checkbox"/> Altar Server                      | <input type="checkbox"/> Extraordinary Minister of Holy Communion |
| <input type="checkbox"/> Minister of Hospitality (Greeter) | <input type="checkbox"/> Lector                                   |
| <input type="checkbox"/> Minister of Hospitality (Usher)   | <input type="checkbox"/> Choir                                    |

SOCIAL SERVICE

- |  |  |
|--|--|
| <input type="checkbox"/> Christian Mothers   | <input type="checkbox"/> Men's Fellowship          |
| <input type="checkbox"/> Holy Name Society   | <input type="checkbox"/> Office Support            |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Technology Support        |
| <input type="checkbox"/> St. Vincent de Paul | <input type="checkbox"/> Parish Festival Planning  |
| <input type="checkbox"/> 50+ Club            | <input type="checkbox"/> Parish Festival Volunteer |

FAITH FORMATION & YOUTH MINISTRY

- |   |  |
|---|--|
| <input type="checkbox"/> Youth Ministry       | <input type="checkbox"/> Religious Education Catechist                   |
| <input type="checkbox"/> Young Adult Ministry | <input type="checkbox"/> Religious Ed/Youth Program Aide                 |
| <input type="checkbox"/> Bible Study          | <input type="checkbox"/> RCIA (Rite of Christian Initiation of Adults)   |
| <input type="checkbox"/> Adult Catechist      | <input type="checkbox"/> RCIC (Rite of Christian Initiation of Children) |

**DOES ANYONE IN YOUR HOUSEHOLD POSSESS  
ANY OF THE FOLLOWING SKILLS, TALENTS OR EXPERIENCE?  
IF SO, PLEASE CHECK ANY THAT THEY MIGHT SHARE WITH THE PARISH.**

SKILLS / TALENTS / EXPERIENCE

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping  | <input type="checkbox"/> Handyman        |
| <input type="checkbox"/> Carpentry               | <input type="checkbox"/> Mechanical      |
| <input type="checkbox"/> Childcare               | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Cooking/Baking/Catering | <input type="checkbox"/> Musical         |
| <input type="checkbox"/> Creative Arts           | <input type="checkbox"/> Painting        |
| <input type="checkbox"/> Decorating              | <input type="checkbox"/> Plumbing        |
| <input type="checkbox"/> Electrical              | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Entertainment           | <input type="checkbox"/> Teaching        |
| <input type="checkbox"/> Gardening/Landscaping   | <input type="checkbox"/> Other _____     |

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Please type additional information below:

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