## St. John Berchmans Catholic Church

Please Print		egistration Informati	VIII TO THE REAL PROPERTY OF THE PARTY OF TH
Family Name:			For Office Use Only
Address:			Parish Acct. #:
City/State/Zip:  Phone Number:			Entered By:
Would you like to be co	ntacted about fu	ndraisers? o Yes o No	
The state of	30	Family Informatio	n
Head of Household Nam	ne:	onto the	Date of Birth:
Occupation:	Relations	ship to Head of Household:	
Marital Status:	o Married	o Single o Divorced	o Widowed
If Married:	o Church	o Civil	
Sacraments Received:	o Baptism	o First Communion	o Confirmation
Name:		Date of Birth:	Religion:
Occupation:	Relations	ship to Head of Household:	
Marital Status:	o Married	o Single o Divorced	o Widowed
If Married:	o Church	6: :1	
		o Civil	
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Name: Occupation: Marital Status: If Married:	Relationsh o Married o Church	o First Communion o Communion	Religion:  o Widowed

o Divorced

o Widowed

o Confirmation

Marital Status:

Sacraments Received:

If Married:

o Married

o Church

o Baptism

o Single

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o Civil