

The Church of St. John the Apostle

Please Print

Marital Status: Married Divorced Separated Annulled Single Widowed

Last Name: _____
First Name: _____
Middle Initial: _____
Maiden Name: _____
Religion: _____

Baptized: No Yes- Date if Known _____
Confirmed: No Yes-Date if Known _____
Birthdate: _____
Place of Employment: _____
Position: _____
Work Telephone Number: _____

Home Address: _____
Mailing Address if different than above: _____
E-Mail Address _____

Home Telephone Number: _____ Unlisted: No Yes
Church Marriage: Church Name: _____ Date: _____
City and State: _____

Civil Marriage: City, State _____ Date: _____
Validation: Church Name _____ Date: _____
City and State: _____

Have you ever served in the military? If yes what branch? _____

Please use reverse side of this form for children and other family members living in your household.

NAME: FIRST, MIDDLE, LAST	M/F	RELIGION	BIRTHDATE	BAPTISM	1 ST COMM	CONFRM	SCHOOL	GRD

If the person received the sacrament and you do not know the date just check the box.

Individual or Family special needs, disabilities, and comments:

Please return this form to the Church of St. John the Apostle by placing it in the collection basket, or mail to: Church of St. John the Apostle; 2600 Central Ave. W, Minot, ND 58701

Thank you for taking the time to complete this form.