ST JOHN THE EVANGELIST

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Fort Pierre, SD 57532

Phone: 605-223-2176 Fax 605-223-2805

	Date:	/	/	
OFFICE USE ON	LY#()

REGISTRATION FORM

MEGISTNA.			ZIVI.											
Family (Last) Name	Mailing Address						City			State SD	ZIP			
Address (if different from mailing address)			Home P	Home Phone I			Husban	Husband Work Phone			Wife Work Phone			
Family Primary E-mail Address			I	Cell Phone			ne							
Members of the H	ousehold		Parish of	Previous	Registrati	on (Ch	urch Naı	ne & Location)					
Name, first & middle; last only if different from above: (If a different last name is shown, please underline it.)		bove:	Date of Birth MM/DD/YY	M/F	Marital Status Married/Single Separated/Divo		le/ <u>or</u> School & Grade			r	Relig	on		
Sacraments Receiv	ved (Check	the app	propriate bo	ox and	record	the da	ate the	Sacramen	t was rece	ived, if	know	rn).		
Name	`	B	Baptism		conciliati			nunion	Confirmat		Catholic Marriag			
-				1			<u> </u>							
Interests: (Check the				d mini	stry for	whic	h you					Las		
Name Faith Liturgic Formation Ministry					Women's Men's Groups Group		Outreach/ Service	Music Ministry	Fina	nces	Other			
						<u> </u>								