

St. John the Baptist R.C. Church
6895 Boston Cross Rd.
Boston, NY 14025
716-941-3549

FAMILY AND MEMBER REGISTRATION FORM

FAMILY NAME: Head of Household

Last Name _____

First Name _____

Title _____ Suffix _____

Spouse

First Name _____

FAMILY INFO: Address _____

Phone Number __ () _____ primary

Additional Number __ () _____ cell/office/other

Email _____

Mailing Address _____

(if different from above) _____

MEMBER INFORMATION: (Please complete for each member of your family)

Last Name _____ First Name _____

Title _____ Suffix _____ Nickname _____ Maiden Name _____

Relationship _____ Gender _____ Birthdate ____ / ____ / ____

Birthplace _____ Father _____ Mother _____

Mother's Maiden Name _____

Marital Status _____ Religion (if other than Catholic) _____

Grade Level _____ School _____ Occupation _____

SACRAMENTS: (please complete all information)

Baptism: Date ____ / ____ / ____

Church _____

Address _____

Sponsor(s) _____ Godfather

_____ Godmother

Penance: Date ____ / ____ / ____

Church _____

Address _____

1st Communion: Date ___ / ___ / ___

Church _____

Address _____

Confirmation: Date ___ / ___ / ___ Confirmation Name _____

Church _____

Address _____

Sponsor _____

Marriage: Date ___ / ___ / ___

Church _____

Address _____

Witness(es) _____ Best Man

_____ Maid of Honor

MEMBER INFORMATION

Last Name _____ First Name _____

Title _____ Suffix _____ Nickname _____ Maiden Name _____

Relationship _____ Gender _____ Birthdate ___ / ___ / ___

Birthplace _____ Father _____ Mother _____

Mother's Maiden Name _____

Marital Status _____ Religion (if other than Catholic) _____

Grade Level _____ School _____ Occupation _____

SACRAMENTS: (please complete all information)

Baptism: Date ___ / ___ / ___

Church _____

Address _____

Sponsor(s) _____ Godfather

_____ Godmother

Penance: Date ___ / ___ / ___

Church _____

Address _____

1st Communion: Date ___ / ___ / ___
Church _____
Address _____

Confirmation: Date ___ / ___ / ___ Confirmation Name _____
Church _____
Address _____

Sponsor _____
Marriage: Date ___ / ___ / ___
Church _____
Address _____

Witness(es) _____ Best Man
_____ Maid of Honor

MEMBER INFORMATION

Last Name _____ First Name _____
Title _____ Suffix _____ Nickname _____ Maiden Name _____
Relationship _____ Gender _____ Birthdate ___ / ___ / ___
Birthplace _____ Father _____ Mother _____
Mother's Maiden Name _____
Marital Status _____ Religion (if other than Catholic) _____
Grade Level _____ School _____ Occupation _____

SACRAMENTS: (please complete all information)

Baptism: Date ___ / ___ / ___
Church _____
Address _____

Sponsor(s) _____ Godfather
_____ Godmother

Penance: Date ___ / ___ / ___
Church _____
Address _____
