

Date _____

Church of Saint John the Baptist
Mankato, Minnesota

Env. # _____

Individual's Name

Last Name _____ First Name _____ Middle _____

Title (Mr, Mrs, Ms) _____ Nickname _____ Suffix (Jr, Sr) _____

Maiden Name _____ Email Address _____

Phone Numbers (indicate if unlisted)

Home _____ Cellular _____

Work _____ Ext. _____ Fax _____

Personal Information

Gender M / F Date of Birth ____ / ____ / ____ Marital Status Married Single Widowed

Religion _____ Age _____ Anniversary _____

Language 1st _____ Language 2nd _____

Employer _____ Occupation/Title _____

Individual's Name (or Spouse)

Last Name _____ First Name _____ Middle _____

Title (Mr, Mrs, Ms) _____ Nickname _____ Suffix (Jr, Sr) _____

Maiden Name _____ Email Address _____

Phone Numbers (indicate if unlisted)

Home _____ Cellular _____

Work _____ Ext. _____ Fax _____

Personal Information

Gender M / F Date of Birth ____ / ____ / ____ Marital Status Married Single Widowed

Religion _____ Age _____ Anniversary _____

Language 1st _____ Language 2nd _____

Employer _____ Occupation/Title _____

Address 1

Address _____ City _____ State _____ Zip _____

Address 2

Address _____ City _____ State _____ Zip _____

If Married: Name of Church / City of Marriage: _____

If Widowed Spouses Name: _____ Place of Burial: _____ **(OVER)**

Family Name

CHILDREN:	<i>Adult Children</i> Phone Number	<i>Circle One</i> Gender	Date of Birth Place of Birth	<i>For Children living at home</i> List School Attending / Grade
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____
Last Name / First Name / Middle		Male Female	Date City/St.	Grade _____ In School Year _____

Emergency Contact: _____
Name Phone Number Relationship

I GIVE MY PERMISSION FOR MY NAME AND MY MINOR CHILDREN'S NAMES TO BE PRINTED IN OUR WEEKLY BULLETIN OR QUARTERLY NEWSLETTER.

Signature

Signature (spouse)