



# NEW PARISHIONER REGISTRATION

When completed, please send this form to:

St. John the Baptist Church - 168 Chestnut St. - Lockport, NY 14094

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

## FAMILY INFORMATION

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

**HEAD OF HOUSEHOLD -  SINGLE  HUSBAND (IF CATHOLIC)  WIFE (HUSBAND NOT CATHOLIC OR DECEASED)**

Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

DIVORCED  SEPARATED  CHURCH ANNULMENT  WIDOWED  MARRIED BY CATHOLIC PRIEST

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**SPOUSE -  WIFE  HUSBAND (IF NOT CATHOLIC)**

Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

**HOUSEHOLD MEMBER #1 -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_**

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

**HOUSEHOLD MEMBER #2 -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_**

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

**HOUSEHOLD MEMBER #3 -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_**

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

LIST ADDITIONAL HOUSEHOLD MEMBERS ON REVERSE

**HOUSEHOLD MEMBER #4** -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

**HOUSEHOLD MEMBER #5** -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

**HOUSEHOLD MEMBER #6** -  CHILD  ADULT |  SON  DAUGHTER  OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation or name of school: \_\_\_\_\_

Sacraments:  Baptism at: \_\_\_\_\_  First Communion  Confirmation

### SUPPORTING ST. JOHN'S PARISH

Our preferred method for financial support for the parish is through prayerful, budgeted, automated giving from your bank account. If you prefer to receive traditional weekly envelopes, check this box  .

Otherwise, **please fill out the form below.** *Your information will be kept confidential.*

### Automated Giving Enrollment

\_\_\_\_ I authorize St. John's to receive my contribution to the Collection automatically by using my Checking Account or Credit Card, through the "ParishPay" Program.

\_\_\_\_ I will arrange for my bank, credit union or financial institution to automatically send my contribution to the Collection each month. (Or I will use online "Bill Pay" through my bank.)

 **CALCULATE MONTHLY : \$ \_\_\_\_\_ X 4.5 weeks = \$ \_\_\_\_\_**  
**DONATION** My Usual Weekly Amount My MONTHLY Donation

On or around the 5th of each month, my MONTHLY support will automatically be deducted from my bank or credit card account. Please add special (second) collections on the months when they occur as I have indicated in box.

Name on Account: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

9-digit Routing # from your checks: \_\_\_\_\_

Account Number: \_\_\_\_\_

Christmas: \$ \_\_\_\_\_  
Easter: \$ \_\_\_\_\_  
Ascension (in May): \$ \_\_\_\_\_  
Assumption (in August): \$ \_\_\_\_\_  
All Saints (November): \$ \_\_\_\_\_  
Other Special Donations (Specify): \_\_\_\_\_

**OR:** Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

Visa  MasterCard  American Express  Discover

-- OR -- **SIGN UP ONLINE at [parishpay.com](http://parishpay.com)**