

Hello,

Thank you for your interest in registering as a member of the St. John the Evangelist Church community, a Roman Catholic community of faithful people, dedicated to the sharing of God's Word through worship and ministry to all.

Please complete both pages of the registration form. If you have any questions, members of the Parish staff are more than willing to assist you as you complete the registration process.

Call (518) 372-3381 x221

You may place your completed registration form in the collection basket the next time you are at Mass, or you may mail your completed registration form to:

The Church of Saint John the Evangelist
806 Union Street
Schenectady, NY 12308

You may also fax your registration form:
Fax: (518) 372-0992

The entire St. John the Evangelist Church community wishes you a warm welcome.

**CHURCH OF SAINT JOHN THE EVANGELIST
806 UNION STREET
SCHENECTADY, NEW YORK 12308**

Mr. Mrs. Miss Ms. Mr. & Mrs. Dr. & Mrs. Other

Last Name: _____ Sr. Jr. III **First Name** _____

Spouse Name _____ **Maiden Name** _____

Street Address: _____ City: _____ State _____
Zip _____ Phone Number (Home) _____ Unlisted Cell _____

Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
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Do You Want Church Envelopes: Yes No Do You Receive the Evangelist: Yes No Do You Wish To: Yes No

Member's First Name	Phone Number	Dated Information on Sacrament					
		Baptism	Communion	Confirmation	Matrimony		
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____
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Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____	_____	_____	_____	_____

PLEASE CIRCLE PARISH INVOLVEMENT OR INTEREST YOU WISH TO PARTICIPATE IN

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|-------------------------|------------------------------|---------------------------------------|
| 1. BEREAVEMENT | 6. FAMILY LIFE | 11. LECTOR |
| 2. CHOIR | 7. GREETER | 12. NURSING HOME VISITATION |
| 3. CYO BASKETBALL | 8. HOMEBOUND MINISTRY | 13. RELIGIOUS EDUCATION/YOUTH TEACHER |
| 4. EUCHARISTIC MINISTER | 9. HOSPITAL VISITATION | 14. ROSARY SOCIETY |
| 5. EVANGELIZATION | 10. HUMAN CONCERNS COMMITTEE | 15. USHER |