

FOUR PARISH CLUSTER REGISTRATION (Please check which Parish you wish to join)

- _____ SACRED HEART, ADAMS, MN
- _____ ST. JOHN'S, JOHNSBURG, MN
- _____ ST. PETER'S, ROSE CREEK, MN
- _____ QUEEN OF PEACE, LYLE, MN

OFFICE USE ONLY
 Envelope No. _____
 Registration Date _____

LAST NAME _____

ADDRESS _____

_____ TELEPHONE _____
 (City) (State) (Zip Code)

EMAIL ADDRESS _____

ENVELOPES Please check if you would use envelopes

MALE			FEMALE		
(First)	(Middle)	(Last)	(First)	(Middle)	(Last)
(Date of Birth) (Place of Birth: City, State)			(Date of Birth) (Place of Birth: City, State)		
_____ Convert: YES / NO			_____ Convert: YES / NO		
(Present Religion)			(Present Religion)		
Baptism: YES / NO		Confirmation: YES / NO	Baptism: YES / NO		Confirmation: YES / NO
(Occupation)		(Business Phone)	(Occupation)		(Business Phone)
()Single ()Married ()Widower ()Separated ()Divorced					

MARRIAGE:

_____ (Date of Marriage) (Place of Marriage: Church, City, State)

CHILDREN: BIRTH THROUGH HIGH SCHOOL

Name: First/Middle/Last	Birth date	Birth place	Baptism	Confirmed	1 st Communion	1 st Reconciliation	School Attending	Grade

OTHER UNMARRIED CHILDREN LIVING AT HOME:

Name: First/Middle/Last	Birth date	Birth place	Baptism	Confirmed	School Attending	Occupation