

# St. John Neumann Church

Date: / /

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Fax 513-742-5875 Website: www.sjnews.org

## REGISTRATION FORM

OFFICE USE ONLY ENV # ( )

Family (Last) Name	Mailing Address (PO Box or Street)	City	State OH	ZIP
Street Address (if different from mailing address)	Home Phone	Male Cell/Work Phone	Female Cell/Work Phone	
Family's Primary e-mail address		Spouse Maiden Name		

### Members of the Household

First and Middle Name (last only if different)	Date of Birth	M/F	Marital Status	Occupation & Employer or School & Grade	First Language	Religion (if not Catholic)

### Sacraments Received (Please show in each box the date, place and location of each Sacrament received)

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage

Do you have any special needs or situations that you wish to call to our attention? Please indicate below. If you prefer, just place a "check mark" [✓] here: \_\_\_\_\_ and we will contact you personally.