

St. John Vianney Registration Form

1245 Clark St., Janesville, WI 53545

752-8708

Last Name _____ Address _____

City _____ Zip _____ Phone _____

Please fill in the form below for **all** members of your family. **Note:** Marital status can be one of the following - CHU MAR, MAR, SING, WID, SEP, DIV (Church Marriage, Married-but not by priest, Single, Widowed, Separated, Divorced)

	Head of House		Spouse		Children living at home			
	Yes	No	Yes	No	Yes	No	Yes	No
First Name & Initial								
Maiden Name of Spouse								
Marital Status (see above)								
Religion								
Place of Employment								
Occupation								
Business Phone Number								
School Attending								
Present Grade								
Gender (Male) (Female)								
Date of Birth (M/D/Y)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Baptized-circle one	Yes	No	Yes	No	Yes	No	Yes	No
First Communion-circle one	Yes	No	Yes	No	Yes	No	Yes	No
Confirmation -circle one	Yes	No	Yes	No	Yes	No	Yes	No
Reconciliation	Yes	No	Yes	No	Yes	No	Yes	No
Date Married								

City, State & Church Married

____ Yes, I would like to receive the *Catholic Herald*, the Diocesan weekly newspaper.

For Office Use: _____ COMP _____ WL _____ WC _____ CHC