



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