|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ST JOHN THE EVANGELIST CATHOLIC PARISH, FISH HOEK** | | | | | |
| DATE THAT THIS FORM IS COMPLETED: | |  | | | |
| SURNAME: |  | | | | |
| FIRST NAME: | SELF |  | | Religion |  |
|  | SPOUSE |  | | Religion |  |
| ADDRESS: |  | | | | |
|  |  | | | Code |  |
| POSTAL ADDRESS: |  | | | | |
|  |  | | | Code |  |
| TELEPHONE: | HOME |  | | | |
|  | SELF | WORK |  | CELL |  |
|  | SPOUSE | WORK |  | CELL |  |
| EMAIL: | SELF |  | | | |
|  | SPOUSE |  | | | |
| OCCUPATION: | SELF |  | | EMPLOYER |  |
|  | SPOUSE |  | | EMPLOYER |  |
| ICE CONTACT (EMERGENCY): |  |  | | | |
| DATE OF BIRTH: | SELF | DD/MM/YYYY | | / / | |
|  | SPOUSE | DD/MM/YYYY | | / / | |
| MARITAL STATUS: | MARRIED (PLACE) |  | | DATE |  |
|  |
| CHILDREN: (STILL AT HOME) | | | | | |
| NAME | DATE OF BIRTH | SACRAMENTS RECEIVED (YES / NO) | | | |
| DD / MM / YYYY | BAPTISM | HOLY COMMUNION | CONFIRMATION | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| WOULD YOU LIKE FATHER TO VISIT YOUR HOME? | | | | | |
| WOULD YOU LIKE FATHER TO BLESS YOUR HOME? | | | | | |
| PLANNED GIVING: |  | | | | YES or NO |
| 100 CLUB: |  | | | | YES or NO |
| PARISH GROUPS: |  | | | | |
| CHURCH MINISTRIES: |  | | | | |
| SACRAMENTS: |  | | | | |
| INTERESTS: |  | | | | |
| SUGGESTIONS/COMMENTS: |  | | | | |