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| **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: |   |