



# St. John XXIII

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## Registration Form (Confidential)

Envelope/Parish #: \_\_\_\_\_

**RETURN THIS FORM TO PARISH OFFICE ONLY**

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Primary e-mail: \_\_\_\_\_ Primary Cell Phone: \_\_\_\_\_

Alternate e-mail: \_\_\_\_\_ Alternate Cell Phone: \_\_\_\_\_

**Married in the Catholic Church:** \_\_\_\_\_ **or Civil Marriage** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_ **Date of Marriage:** \_\_\_\_\_

**I will use online giving:** \_\_\_\_\_ **I would like to use envelopes:** \_\_\_\_\_ **LANGUAGE SPOKEN AT HOME** \_\_\_\_\_ **If Returning, Year Originally Joined Parish:** \_\_\_\_\_

Members of Household	M/F	Date of Birth	Marital Status S / M/ D / W	Catholic Y or N	Baptism Y or N / Date	First Communion Y or N / Date	Confirmation Y or N / Date	Relationship to household	Occupation

Are you interested in Sacramental Preparation? \_\_\_\_\_

**TO COMPLETE REGISTRATION RETURN FORM TO THE PARISH OFFICE**

**Registration Indicates a Desire to become an Active member of St. John XXIII Parish by Contributing Your Time, Talent & Treasure**