

St. John's Saugus: Membership Form

1st Name _____ Middle Name _____ Last Name _____ Maiden (if applicable) _____

Address: _____ Telephone: () _____

E-MAIL ADDRESS _____ Work : () _____

Date of Birth _____ Place of Birth _____ Cell: () _____

Date of Baptism _____ Place of Baptism _____

Date of Confirmation or Reception _____ (Please indicate which one)

Place of Confirmation or Reception _____ Denomination _____

Marriage Anniversary (if applicable) _____ Church Address: _____

Previous Parish _____

Parish Address _____

Spouse's Name _____ Middle _____ Last _____ Maiden Name (if applicable) _____

E-MAIL ADDRESS _____ Work : () _____

Date of Birth _____ Place of Birth _____ Cell: () _____

Date of Baptism _____ Place of Baptism _____

Date of Confirmation or Reception _____ (Please indicate which one)

Place of Confirmation or Reception _____ Denomination _____

#1 Child's Name: _____ Middle: _____ Last _____

E-MAIL ADDRESS (if applicable) _____ Cell Phone # (if applicable): _____

DOB _____ Place: _____

Baptism date _____ Place _____

Confirmation date _____ Place _____ Denomination _____

#2 Child's Name: _____ Middle: _____ Last _____

E-MAIL ADDRESS (if applicable) _____ Cell Phone # (if applicable): _____

DOB _____ Place: _____

Baptism date: _____ Place: _____

Confirmation date _____ Place _____ Denomination _____

*If you have additional children, please attach a separate sheet with their information.

For Office Use: Date when information was input into membership database _____