



ST. JOHN NEUMANN CATHOLIC CHURCH
6680 CRESTWAY DRIVE
SAN ANTONIO, TEXAS 78239
PHONE: (210)654-1643 FAX: (210)654-8031

Envelope # _____

PARISH REGISTRATION FORM

Today's Date: _____

Mailing address: _____ **City** _____ **State** _____ **Zip** _____

Home phone: _____ **Cell Phone:** _____

Work Phone: _____

E-Mail Address: _____

Preferred Language (circle one) English / Spanish other _____

Do you wish to receive offertory envelopes? Yes or No

If yes, monthly envelopes or weekly envelopes

Children Living at Home (Children over the age of 19 should register individually)

Head of Household: _____ **Middle Initial** _____ **Last Name:** _____

Sex _____ **Date of Birth:** _____ **Occupation:** _____

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Marital Status: Single, Civil, Common law, Married in the Catholic Church, Separated, Divorced,
 (Specify): _____ **Religion other than Catholic** _____

Spouse: _____ **Middle Initial** _____ **Last Name:** _____

Sex _____ **Date of Birth:** _____ **Occupation:** _____

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Marital Status: Single, Civil, Common law, Married in the Catholic Church, Separated, Divorced,
 (Specify): _____ **Religion other than Catholic** _____

List Children

Child 1: _____ **Middle Initial** _____ **Last Name:** _____

Sex _____ **Date of Birth:** _____

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Child 2: _____ **Middle Initial** _____ **Last Name:** _____

Sex _____ **Date of Birth:** _____

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Child 3: _____ **Middle Initial** _____ **Last Name:** _____

Sex _____ **Date of Birth:** _____

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

*Please ask for an additional form for additional children

-Over-

Please write who is interested in serving, and check each of the areas below that may be of interest.
Checking any area does not commit you to that particular activity

Name: _____ **Cell #:** _____

Mass Time you attend: _____

MINISTRIES

- Bereavement
- Prayer Group
- Eucharistic Adoration
- Family Life
- Life, Justice & Peace (Missions of Mercy)
- Nursing Home/Homebound Ministry
- R.C.I.A (Becoming Fully Initiated Catholic)

- Religious Education
- Rosary Group
- St. Vincent de Paul

LITURGY

- Altar Server
- Eucharistic Ministry
- Lector
- Usher
- Choir

ORGANIZATIONS

- Altar Guild
- Catholic Daughters of America
- Knights of Columbus

VOLUNTEER

- Lawn Maintenance
- Fatima Garden
- St. Francis Garden /Butterfly Garden upkeeping

Note:

- 1)) Names of coordinators are also found on the last page of the parish bulletin
- 2) Would you prefer that we give your telephone number to the head of the group you are interested in? Yes No