

Welcome to Saint John Berchmans Parish

Saint John Berchmans Parish Registration and Census Form

Today's Date _____ Type of Registration: _____ New Registration _____ Update to Current Registration
If you are a current parishioner, what year did you join SJB Parish: _____
Primary Language: _____

Household and Family Information

Instructions: Please complete all sections listed below.

Household Family's Last Name: _____
Address Line: _____ Apt: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
My preference for contribution envelopes is _____ Weekly _____ Monthly _____ Electronic giving _____

Family Information (Please include **head of the family first** and all family members):

Family Member #1

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: _____ Spouse: _____ Child: _____ Other (specify): _____ Sex: _____
Baptized: _____ 1st Communion _____ Confirmed: _____ Other Religion (specify): _____
Marital Status: Single: _____ Married: _____ Widowed: _____ Separated: _____ Divorced: _____

Family Member #2

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: _____ Spouse: _____ Child: _____ Other (specify): _____ Sex: _____
Baptized: _____ 1st Communion _____ Confirmed: _____ Other Religion (specify): _____
Marital Status: Single: _____ Married: _____ Widowed: _____ Separated: _____ Divorced: _____

Family Member #3

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: _____ Spouse: _____ Child: _____ Other (specify): _____ Sex: _____
Baptized: _____ 1st Communion _____ Confirmed: _____ Other Religion (specify): _____
Marital Status: Single: _____ Married: _____ Widowed: _____ Separated: _____ Divorced: _____

Family Member #4

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: ___ Spouse: ___ Child: ___ Other (specify): _____ Sex: ___
Baptized: ___ 1st Communion ___ Confirmed: ___ Other Religion (specify): _____
Marital Status: Single: ___ Married: ___ Widowed: ___ Separated: ___ Divorced: ___

Family Member #5

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: ___ Spouse: ___ Child: ___ Other (specify): _____ Sex: ___
Baptized: ___ 1st Communion ___ Confirmed: ___ Other Religion (specify): _____
Marital Status: Single: ___ Married: ___ Widowed: ___ Separated: ___ Divorced: ___

Family Member #6

First Name: _____ Middle Name: _____ Last Name: _____
Email Address: _____ Date of Birth _____
Relationship: Self: ___ Spouse: ___ Child: ___ Other (specify): _____ Sex: ___
Baptized: ___ 1st Communion ___ Confirmed: ___ Other Religion (specify): _____
Marital Status: Single: ___ Married: ___ Widowed: ___ Separated: ___ Divorced: ___

Thank you for your participation!!
Please fax or return form to the Rectory
Attn: Guille McMahon
St. John Berchmans Parish
2517 West Logan Blvd.
Chicago, IL 60647
Fax: 773-252-5346