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Office Use Only:	Envelope #	
Date Entered		

St. John the Evangelist Catholic Church Parish Registration
625 111th Ave N., Naples, FL 34108
(239)566-8740 • Fax: (239) 566-9117

Website: www.sjecc.com E-mail: info@sjecc.com

Today's Date	
Family Name	
Local Address	
CityState 2	Home
	le Phone
Northern Address	
CityState Z	ZipPhone ()
Marital Status Date of Marriage	Year-Round Resident: Yes No
Seasonal Resident: Yes No What Months do	you reside in Florida?
All parishioners receive an envelope number upon regis	
Yes No	.,
165 140	
In addition to the above, please complete PARTS A and C (requ	uired). Complete PART B if it applies to your household.
Head of Household Title: Mr. Mrs. Ms. Dr. Other	Spouse Title: Mr. Mrs. Ms. Dr. Other
First Name	First Name
Date of BirthMF	Date of BirthMF
Religion	Religion
Occupation	Occupation
Have you received: Baptism: Yes No	Have you received: Baptism: Yes No
First Communion: Yes No Confirmation: Yes No	First Communion: Yes No Confirmation: Yes No
Email Address	Email Address
Mobile Phone	Mobile Phone
Depe	endents
Child's First Name	Child's First Name
	Date of BirthMF
Place of Baptism	Place of Baptism
First Communion: Yes No	First Communion: Yes No
Confirmation: Yes No	Confirmation: Yes No
Current Grade	Current Grade
Current School	Current School
Enrolled in Faith Formation? Yes No	Enrolled in Faith Formation? Yes No
Mobile Phone	Mobile Phone
Please use the backside	for additional dependents.
PART C Please check if we have your permission publish the following in the ParishSoft D	