



SAINT  
**JOAN**  
OF  
**ARC**  
Catholic Community

4537 Third Avenue South  
Minneapolis, MN 55419-5151  
Phone: (612) 823-8205 - Fax: (612) 825-7028  
www.stjoan.com

## Parishioner Registration

(Please print)

Date \_\_\_\_\_ If applicable, transferring from \_\_\_\_\_

Complete this information as you would like it to **APPEAR ON A MAILING LABEL**:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete the following information for each person registering for membership:**

Adult

First (Nickname) Middle (Maiden) Last

Phone (Main) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Month / Day / Year

Religion \_\_\_\_\_ ✓ sacraments received: Baptism \_\_\_\_ Eucharist \_\_\_\_ Confirmation \_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_

Adult

First (Nickname) Middle (Maiden) Last

Phone (Main) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Month / Day / Year

Religion \_\_\_\_\_ ✓ sacraments received: Baptism \_\_\_\_ Eucharist \_\_\_\_ Confirmation \_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_

(Please list children on back)



Children at home **under** age 18: (Children over 18 should register independently)

Name	_____	_____	_____	_____
	First	(Nickname)	Middle	Last
Gender: _____	Date of Birth: _____		Grade Level: _____	
	Month / Day / Year			
√ sacraments received: Baptism _____	Eucharist _____		Confirmation _____	
Where received/date: _____				
(if known)				

Name	_____	_____	_____	_____
	First	(Nickname)	Middle	Last
Gender: _____	Date of Birth: _____		Grade Level: _____	
	Month / Day / Year			
√ sacraments received: Baptism _____	Eucharist _____		Confirmation _____	
Where received/date: _____				
(if known)				

Name	_____	_____	_____	_____
	First	(Nickname)	Middle	Last
Gender: _____	Date of Birth: _____		Grade Level: _____	
	Month / Day / Year			
√ sacraments received: Baptism _____	Eucharist _____		Confirmation _____	
Where received:/date: _____				
(if known)				

Name	_____	_____	_____	_____
	First	(Nickname)	Middle	Last
Gender: _____	Date of Birth: _____		Grade Level: _____	
	Month / Day / Year			
√ sacraments received: Baptism _____	Eucharist _____		Confirmation _____	
Where received/date: _____				
(if known)				

**We welcome you wherever you are on your journey!**

