

PLEASE RETURN TO: ST. JOHN'S – 20 CHURCH ST. – HOPKINTON, MA 01748

Date _____

For office use only

New _____ Comp. _____

Change _____ Rolo. _____

Delete _____ List _____

Env.# _____ Env. _____

Letter _____

ST. JOHN'S PARISH WELCOMES:

Name: _____

Street/P.O. Box: _____

Town/State/Zip: _____

Telephone: _____

e-mail: _____

(Please complete for **HUSBAND** if he is living at this address)

Name _____
(First) (Middle Initial) (Last)

Date of Birth _____ Religion _____

Occupation _____

(Please complete for **WIFE** if she is living at this address)

Name _____
(First) (Middle Initial) (Last)

Date of Birth _____ Religion _____

Occupation _____

Current Marital Status:

Single _____ Married (Church) _____ Married (Civil) _____

Separated/Divorced _____ Widow/Widower _____

(Please complete for **CHILDREN** living at this address) **(Check sacraments if received)**

Name _____ DOB _____ Baptism _____ Penance _____ Communion _____ Confirmation _____

Do you wish to receive offertory envelopes? Yes _____ No _____