



Parish Registration

ST. JOHN NEUMANN CATHOLIC PARISH
801 Tom Smith Road Lilburn, GA 30047
Phone: 770-923-6633 Website: www.sjnlilburn.com

NOTE: Please *complete this form in its entirety*. This information will assist us and the Diocese to better design programs to support the needs of our parishioners.

Please Print

Household *(last name)* _____ Today's Date ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number (____) _____ Listed Unlisted

Adult #1 Religion: _____

Gender: Male Female

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

Title: _____ (Mr., Mrs., Ms., Dr., Col., etc.)

Goes by Name (Nickname): _____

Maiden Name (if applicable): _____

Birthdate: ___/___/___ (Please include year)

Language(s) Spoken (Other than English): _____

Marital Status: _____

Occupation: _____

Employer: _____

Work Phone: _____ Ext. _____

Preferred e-mail address: _____

Cell Phone: _____

Last Parish Affiliation: _____

(Year) (Name of Church)

(City/State)

SACRAMENTS RECEIVED:

Baptism – Catholic Non-Catholic _____ (year)

Church _____
(Name of Church) (City/State)

First Reconciliation \longrightarrow _____ (year)

Church _____

First Eucharist \longrightarrow _____ (year)

Church _____

Confirmation \longrightarrow _____ (year)

Church _____

Marriage \longrightarrow ___/___/___ (month/day/year) Were you married by a Catholic Priest Yes No

Previous Parish Involvement/Ministries:

OFFICE USE ONLY

Envelope # _____ Date Registered ___/___/___

In case of emergency, whom should we contact: (other than spouse)

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Spouse – Religion: _____

Gender: Male Female

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

Title: _____ (Mr., Mrs., Ms., Dr., Col., etc.)

Goes by Name (Nickname): _____

Maiden Name (if applicable) _____

Birthdate: ____/____/____ (Please include year)

Language(s) Spoken (Other than English) _____

Marital Status: _____

Occupation: _____

Employer: _____ **Work Phone:** _____ **Ext.** _____

Preferred e-mail address _____ **Cell Phone:** _____

Last Parish Affiliation: _____

(Year) (Name of Church)

(City/State)

SACRAMENTS RECEIVED:

Baptism – Catholic Non-Catholic _____ (year)

Church _____
(Name of Church) (City/State)

First Reconciliation → _____ (year)

Church _____

First Eucharist → _____ (year)

Church _____

Confirmation → _____ (year)

Church _____

Marriage → ____/____/____ (month/day/year) Were you married by a Catholic Priest Yes No

Previous Parish Involvement/Ministries:

(PLEASE NOTE: Children 21 years-old and older should register as an adult on a separate Registration Form)

#1 CHILD AT HOME – Religion: _____ **Gender:** Male Female

Name: _____ **Birthdate:** ____/____/____
(First) (Middle Initial) (Last)

Goes by Name: (Nickname): _____ **Language(s) Spoken (other than English)** _____

School Child is currently attending: _____ **Current Grade:** _____

SACRAMENTS RECEIVED:

Baptism – Catholic Non-Catholic _____ (year)

Church _____
(Name of Church) (City/State)

First Reconciliation → _____ (year)

Church _____

First Eucharist → _____ (year)

Church _____

Confirmation → _____ (year)

Church _____

#2 CHILD AT HOME - Religion: _____ Gender: Male Female
Name: _____ Birthdate: ____/____/____
(First) (Middle Initial) (Last)

Goes by Name: *(Nickname)*: _____ Language(s) Spoken (other than English) _____
School Child is currently attending: _____ Current Grade: _____

SACRAMENTS RECEIVED:

Baptism - Catholic Non-Catholic _____ (year) Church _____
(Name of Church) (City/State)
 First Reconciliation → _____ (year) Church _____
 First Eucharist → _____ (year) Church _____
 Confirmation → _____ (year) Church _____

#3 CHILD AT HOME - Religion: _____ Gender: Male Female
Name: _____ Birthdate: ____/____/____
(First) (Middle Initial) (Last)

Goes by Name: *(Nickname)*: _____ Language(s) Spoken (other than English) _____
School Child is currently attending: _____ Current Grade: _____

SACRAMENTS RECEIVED:

Baptism - Catholic Non-Catholic _____ (year) Church _____
(Name of Church) (City/State)
 First Reconciliation → _____ (year) Church _____
 First Eucharist → _____ (year) Church _____
 Confirmation → _____ (year) Church _____

#4 CHILD AT HOME - Religion: _____ Gender: Male Female
Name: _____ Birthdate: ____/____/____
(First) (Middle Initial) (Last)

Goes by Name: *(Nickname)*: _____ Language(s) Spoken (other than English) _____
School Child is currently attending: _____ Current Grade: _____

SACRAMENTS RECEIVED:

Baptism - Catholic Non-Catholic _____ (year) Church _____
(Name of Church) (City/State)
 First Reconciliation → _____ (year) Church _____
 First Eucharist → _____ (year) Church _____
 Confirmation → _____ (year) Church _____

Any comments that would be helpful for us to serve your children:

Stewardship and Evangelization Interest Sheet

Our Creator has blessed each of us with gifts in terms of skills and talents to be used to the service of others. Please indicate below the areas in which you can best serve St. John Neumann and the wider community.

Gifts of Doing		
Accounting/finances	Evaluating	Project management (short term)
Acting/drama	Facilitating	Project management (long term)
Analyzing	Faith-sharing	Promoting programs/ideas
Art work	Following up on tasks	Public speaking
Athletics	Fund raising	Quilting
Budgeting	Gardening	Recording/sound systems
Building consensus	Graphic design	Recruiting others
Calligraphy	Helping	Researching
Caring and compassion	Hospitality	Ritualizing
Carpentry/building	Housekeeping	Sewing
Child care	Internet work	Sharing ideas/new visions
Clerical work	Interviewing	Social justice work
Communicating	Legal services	Speaking publicly
Computer usage <input type="checkbox"/> database applications <input type="checkbox"/> data entry <input type="checkbox"/> desktop publishing <input type="checkbox"/> spreadsheets <input type="checkbox"/> Web site development <input type="checkbox"/> word processing	Language abilities <input type="checkbox"/> Written translation <input type="checkbox"/> Speaking translation Which languages:	Teaching <input type="checkbox"/> Education/formation: children <input type="checkbox"/> Education/formation: teens <input type="checkbox"/> Education/formation: adults <input type="checkbox"/> General training <input type="checkbox"/> Sacrament preparation
Cooking and food service	Leading	Supporting
Coordinating	Library work	Sign Language
Crafts	Listening	Team building
Dancing	Maintaining building/grounds	Telephoning
Decorating	Meditating	TV/Radio production
Delegating	Medical/nursing care	Video-taping
Designing	Mentoring/life coaching	Visioning
Discerning	Music: instrumental	Visiting others
Discussing	Music: vocal	Welcoming/Greeting/Ushering
Driving	Negotiating	Working hard at what needs doing
Nurturing	Organizing	Writing
Photographing	Youth ministry	Planning
Praying	Problem solving	Other
Other:	Other:	Other: