



**ST. JOHN VIANNEY CATHOLIC CHURCH**  
**15176 Blessed Mother Blvd., Fishers, IN 46037**  
**www.sjvfishers.com 317-485-0150**  
**Parish Registration Form**

DATE \_\_\_\_\_

The following information will help us to better serve you and your family:

Family Name \_\_\_\_\_ Phone \_\_\_\_\_ Unlisted \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Head of Household:

First Name \_\_\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Birth Date: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_ Confirmed? Yes \_\_\_ No \_\_\_

In what Parish were you last registered? (*name, city & state*) \_\_\_\_\_

Spouse (if applicable):

First Name \_\_\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Birth Date: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_ Confirmed? Yes \_\_\_ No \_\_\_

In what Parish were you last registered? (*name, city & state*) \_\_\_\_\_

Marital Status: Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Divorced & Remarried \_\_\_\_\_ Seeking Annulment \_\_\_\_\_

If married, were you married by a Catholic Priest? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Maiden Name \_\_\_\_\_

