

Registration Form

CHURCH OF ST. JOHN THE EVANGELIST

11 4TH AVE. SW ROCHESTER MN 55902
507-288-7372 WWW.SJ.ORG

WELCOME TO OUR COMMUNITY

Family Name: _____ Home Phone #: _____

Address: _____
Street City Zip

Home Email: _____ Previous Parish _____

Please send a Family/ individual digital picture by email to vflock@sj.org; we would like to put a Face in your name.

ADULT 1: Ethnic Group _____ Gender _____

Name: _____ **Email:** _____

Marital Status: Married Date: ___/___/___ Single Widowed Separated Divorced Engaged

Occupation: _____ **Place of Employment:** _____

Work Phone #: _____ **Cell Phone #:** _____ **Birth Date:** ___/___/___

Religion: _____ I am interested in the possibility of becoming Catholic **YES**

Please check sacraments received: Baptism Reconciliation Eucharist Confirmation

ADULT 2: Ethnic Group _____ Gender _____

Name: _____ **Email:** _____

Marital Status: Married Date: ___/___/___ Single Widowed Separated Divorced Engaged

Occupation: _____ **Place of Employment:** _____

Work Phone #: _____ **Cell Phone #:** _____ **Birth Date:** ___/___/___

Religion: _____ I am interested in the possibility of becoming Catholic **YES**

Please check sacraments received: Baptism Reconciliation Eucharist Confirmation

ADDITIONAL FAMILY MEMBERS AT THIS ADDRESS ON THE BACK OF THIS PAGE.

FOR OFFICE USE ONLY:

Registration Date: _____ ID # _____ cc. _____

Env. Photo W - PA W - Pastor Cont. Pastor

ADDITIONAL FAMILY MEMBERS AT THIS ADDRESS

Name: _____ **Email:** _____

Gender _____ **Birth Date** ___/___/___ **Grade** _____

School Attending _____

Please check sacraments received: Baptism Reconciliation Eucharist Confirmation

Name: _____ **Email:** _____

Gender _____ **Birth Date** ___/___/___ **Grade** _____

School Attending _____

Please check sacraments received: Baptism Reconciliation Eucharist Confirmation

Name: _____ **Email:** _____

Gender _____ **Birth Date** ___/___/___ **Grade** _____

School Attending _____

Please check sacraments received: Baptism Reconciliation Eucharist Confirmation

Name: _____ **Email:** _____

Gender _____ **Birth Date** ___/___/___ **Grade** _____

School Attending _____

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Please list any special needs that your family members may have (i.e. language, disability, home-bound, etc.)

We encourage participation in the parish for all parishioners. Please indicate ministries of interest by placing the individual's name on the line provided, feel free to call for more information at 507-288-7372.

Education/ Spiritual Growth

- RCIA sponsor** - (assist in the formation of our **Rite of Christian Initiation of Adults (RCIA)** candidates)
- Small Faith Sharing Groups** (meet with other parishioners to discuss Sunday Gospel)
- Knights of Columbus** (get information about our Parish Council)
- Faith Formation—Preschool age** (meets 9:30-10:30AM Sunday Mornings)
- Faith Formation—Grades 1-8** (meets Wednesday evenings 6-7PM)
- Faith Formation—Grades 9 & 10** (small groups meet Wednesday evenings)
- Faith Formation—Office help** (help to organize materials)

Name (s): _____

Social Action

- Refugee Resettlement** (working with Catholic Charities)
- Social Action Committee or projects**
- Habitat for Humanity** (many opportunities for involvement in the Rochester Area Habitat for Humanity mission)
- Interfaith Hospitality Network** (serving families in need)
- Sunday Lunch Program serving those in need**

Name (s): _____

Services to the Parish

- Child Care** (variety of opportunities depending upon parish activities)
- Homebound** (visit and/or take communion to members of our parish who are unable to come to Mass)
- Driver** (take homebound to Mass or parish events)
- Photographer** (cover parish celebrations)
- Grounds Keeping** (help keep the surrounding grounds in good condition)
- Parish Office Help** (answering phones, preparing mailings, etc.)

Name (s): _____

MORE OPTIONS ON THE BACK OF THIS PAGE

Worship (training provided for all liturgical ministries)

Sacristan (set up/ clean up for next Mass)

Liturgical Ministries

Lector

Eucharistic Minister

Server

Hospitality Minister

Music Ministry

Instrumentalist

Cantor

Funeral Resurrection Choir

Adult Choir

Contemporary Ensemble

Name (s) & Comments

Wine & Cheese (hospitality for after Mass Saturdays at 4:30pm)

Coffee & Donuts (hospitality for after Mass Sundays)

Name (s): _____

Special Services

Funeral Lunch (help serve lunch/ refreshments after funerals)

Reception Helper (help set-up, serve and/or provide treats for special receptions)

Funeral Hospitality (welcome inside/outside before service)

Clean Up (help clean up after special events)

Special events (example: Block Party, New Parishioner gathering, etc.)

Name (s): _____
