

**ST. JOHN OF THE CROSS PARISH**

140 Richmond Rd., Euclid, Ohio 44143

**PERSONAL HOUSEHOLD INFORMATION**

Date:

Family Name: \_\_\_\_\_ Address Mail to:  Mr. & Mrs.  Mr.  Mrs.  Ms.  Miss  Other

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEMBER INFORMATION**

Name: \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

Gender:  Male  Female Birth Date: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Relationship in Household:  Head of Household  Spouse  Child  Other

Marital Status (check one):  Single  Married  Divorced  Annulment  Widowed

Religion: \_\_\_\_\_ Sacraments:  Baptized  1<sup>st</sup> Communion  Confirmed

Present School: \_\_\_\_\_ Grade: \_\_\_\_\_  Attends PSR

Education Completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Special Needs:  Homebound  Nursing Home (specify name): \_\_\_\_\_

Name: \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

Gender:  Male  Female Birth Date: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Relationship in Household:  Head of Household  Spouse  Child  Other

Marital Status (check one):  Single  Married  Divorced  Annulment  Widowed

Religion: \_\_\_\_\_ Sacraments:  Baptized  1<sup>st</sup> Communion  Confirmed

Present School: \_\_\_\_\_ Grade: \_\_\_\_\_  Attends PSR

Education Completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Special Needs:  Homebound  Nursing Home (specify name): \_\_\_\_\_

**ADDITIONAL MEMBER INFORMATION**

**Name:** \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

**Gender:**  Male  Female **Birth Date:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**Relationship in Household:**  Head of Household  Spouse  Child  Other

**Marital Status (check one):**  Single  Married  Divorced  Annulment  Widowed

**Religion:** \_\_\_\_\_ **Sacraments:**  Baptized  1<sup>st</sup> Communion  Confirmed

**Present School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  Attends PSR

**Education Completed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Special Needs:**  Homebound  Nursing Home (specify name): \_\_\_\_\_

**Name:** \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

**Gender:**  Male  Female **Birth Date:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**Relationship in Household:**  Head of Household  Spouse  Child  Other

**Marital Status (check one):**  Single  Married  Divorced  Annulment  Widowed

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**Present School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  Attends PSR

**Education Completed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Special Needs:**  Homebound  Nursing Home (specify name): \_\_\_\_\_

**Name:** \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

**Gender:**  Male  Female **Birth Date:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**Relationship in Household:**  Head of Household  Spouse  Child  Other

**Marital Status (check one):**  Single  Married  Divorced  Annulment  Widowed

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**Education Completed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

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