



**Parish Registration**  
**St. John the Baptist Catholic Church**  
 680 Mill Street, Excelsior, MN 55331

<i>Office Use Only</i>	
Date:	
Parishioner #:	
Envelope #	
Calendar Note	
Welcome Letter	
Newsletter List	

Family Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

*Please fill out this form and call the Parish Office at (952) 474-8868 to schedule a meeting with Father Carlson.*

	<i>(Children under 19 years old living in your home)</i>						
	Head of Household	Spouse	Child	Child	Child	Child	Child
First Name							
Maiden Name							
Date of Birth							
Gender	M   F	M   F	M   F	M   F	M   F	M   F	M   F
Marital Status							
Marriage Date							
Religion							
Baptized	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N
First Communion	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N
Confirmation	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N	Y   N
Cell Phone							
Email Address							