



**St. John Fisher Catholic Church**  
**4001 North Shore Dr.**  
**West Palm Beach, Fl. 33407**

**MEMBER REGISTRATION**

For Office use Only:

ID/ Env. \_\_\_\_\_

Date \_\_\_\_\_

Entered by  
 \_\_\_\_\_

Date: \_\_\_\_\_

Last Name - Family \_\_\_\_\_ First Name Primary \_\_\_\_\_

First Name – Spouse \_\_\_\_\_ Resident:  
 Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_ Place of Birth \_\_\_\_\_

If you are a Winter Resident please complete the information below:

Second Residence Address: \_\_\_\_\_ City/  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates at Second Residence: From Month: \_\_\_\_\_ Day: \_\_\_\_\_ to Month: \_\_\_\_\_ Day \_\_\_\_\_ Send Mail to second Residence during that time: \_\_\_\_\_ (yes/ no)

Names	Date Of Birth	Gender & Religion	Baptism Date	1 <sup>st</sup> Communion Date	Confirmation Date	Occupation
Husbands Name or primary						
Wife's Name						
Children at Home						
1.						
2.						
3.						
4.						