

St. John the Evangelist, Mansfield, MA

Part I: Contact information

Name			
Street			
Town, State & Zip			
Phone:	Home	Cell	Work
e-mail			

Part II: Religious Background (please complete separately for each member of your family)

Name: _____		Date of Birth: _____	
Was/is this family member raised in the Christian faith? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consider this family member to be an active communicant? Yes <input type="checkbox"/> No <input type="checkbox"/> An "active communicant" participates in worship services, and contributes to the church (either individually or as a family) at least 3 times a year.			
Is this family member:	Year (and day, if known)	Religious tradition* where sacrament was received:	
Baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Received in the Episcopal Church? Yes <input type="checkbox"/> No <input type="checkbox"/>			

* For example: Episcopal, Methodist, Catholic, Baptist etc.

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