

St John's College Cambridge

RECORD FORM

Registration as a Member of the College

Please complete this record form accurately and attentively, as it supplies the basis for the historical record of members of the College, continuous since 1630.

Please complete in **CAPITAL** letters

YOUR DETAILS

1. Family name (Surname):
2. First names (in full – please underline the name you prefer to be called):
3. Nationality:
4. Country of ordinary residence (that is, the country where you normally live):
5. Length of residence in that country:
6. Home address, including postcode (not College address, i.e. for undergraduate students this will normally be parental address):

7. Home telephone number:
8. Mobile telephone number:
9. Non-Cambridge e-mail address:
10. Date of birth: Day: /Month: /Year:
11. Address of your actual place of birth (e.g. "St Mary's Hospital, Paddington", not just "London"):

12. Your places of education, all with dates (including elementary and secondary schools and universities, with title, date and class of each degree held):

Full name and location of institution	Year entered	Year left	Title and Class of Degree (if applicable, e.g. BA English, 2:1)	Date Degree Awarded (if applicable)

13. Marital Status:
14. If married, date and place:
15. *Wife/Husband/Partner's name:
16. If you have *children: please give Sex (M/F); Name; Date of birth:
 - 1.
 - 2.
 - 3.

YOUR PARENTS' DETAILS

FATHER

17. Title (e.g. Mr, Dr, Professor):
18. *Family name (Surname):
19. First names (in full):
20. Nationality:
21. Present address (if different from question 6):

22. Phone number (if different from question 7):
23. Occupation:

MOTHER

24. Title (e.g. Mrs, Ms, Dr, Professor):
25. *Family name (Surname):
26. Maiden name (name before marriage) if different from above:
27. First names (in full):
28. Nationality:
29. Present address (if different from question 6):

30. Phone number (if different from question 7):
31. Occupation:

JOHNIAN RELATIVES

32. Name of *relatives who have attended St John's, and how they are related to you (include matriculation year if possible):

* If any relative listed in this form is deceased please give the date of death alongside their name