

Date _____

Family Name _____

PARISH REGISTRATION for ST. PATRICK CHURCH

Please fill out this form for your family living at the same address as one household.

NOTE: If there are adults who share your address but are considered a household of their own (e.g. adult children employed full-time) they should fill out their own form.

Please print.

Adult Household Members

1.

Head of household full name: _____

Place in household:

Check One: ___ Husband ___ Wife ___ Widowed ___ Divorced ___ Unmarried Adult

Gender: ___ Male ___ Female – Maiden name _____ Date of Birth: _____

Religion: ___ Catholic OR ___ Non-Catholic

Catholic Sacraments: ___ Baptized ___ First Comm ___ Confirm ___ Married by Catholic Priest

If not, was dispensation granted? ___ Yes ___ No

Personal e-mail _____ Cell Phone: _____

Work/place employed _____ Work phone _____

Home Address: _____

Home phone (if different from cell) _____ Wedding date (if married) _____

Contribution Envelopes: ___ Yes, I want envelopes ___ No, I will use on-line banking

2.

Next member of household – full name _____

Place in Household:

Check One: ___ Husband ___ Wife ___ Widowed ___ Divorced ___ Unmarried Adult

Gender: ___ Male ___ Female – Maiden name _____ Date of Birth: _____

Religion: ___ Catholic OR ___ Non-Catholic

Catholic Sacraments: ___ Baptized ___ First Comm ___ Confirm ___ Married by Catholic Priest

If not, was dispensation granted? ___ Yes ___ No

Personal e-mail _____ Cell Phone: _____

Work/place employed _____ Work phone _____

(over for additional family members)

Other Adults

Next member of household – full name _____

Check

One: ___Widowed Adult ___Divorced Adult ___Unmarried Adult

Gender: ___Male ___Female – Maiden Name _____ Date of Birth: _____

Religion: ___Catholic OR ___Non-Catholic

Catholic Sacraments: ___Baptized ___First Comm ___Confirm

Personal e-mail _____ Cell Phone: _____

Work/place employed _____ Work phone _____

Next member of household – full name _____

Check

One: ___Widowed Adult ___Divorced Adult ___Unmarried Adult

Gender: ___Male ___Female – Maiden Name _____ Date of Birth: _____

Religion: ___Catholic OR ___Non-Catholic

Catholic Sacraments: ___Baptized ___First Comm ___Confirm

Personal e-mail _____ Cell Phone: _____

Work/place employed _____ Work phone _____

Children

Full Name _____ Gender: ___M ___F Date of Birth: _____

Religion: ___Catholic - ___Baptized ___First Comm ___Confirm OR ___Non-Catholic

Full Name _____ Gender: ___M ___F Date of Birth: _____

Religion: ___Catholic - ___Baptized ___First Comm ___Confirm OR ___Non-Catholic

Full Name _____ Gender: ___M ___F Date of Birth: _____

Religion: ___Catholic - ___Baptized ___First Comm ___Confirm OR ___Non-Catholic

Full Name _____ Gender: ___M ___F Date of Birth: _____

Religion: ___Catholic - ___Baptized ___First Comm ___Confirm OR ___Non-Catholic