

ENVELOPE # _____
(for office use)

St. Patrick Parish
405 S. Church Street
Wentzville, MO 63385
(636) 332-9225

For Office Use Only

Joined ___/___/___
SK _____
ENV _____
Email _____
WC _____
CC _____

PARISH REGISTRATION FORM

Family Name: _____

How should mail to your home be addressed? Please circle one.

Dr. & Mrs./Mr. & Dr./Mr. & Mrs./Mrs. & Mr./Mr./Mrs./Ms./Miss

or Other: _____

Address: _____

City/ST/Zip: _____

Directory Phone #: _____ **Unlisted**

Directory Email: _____

Email #2: _____

Date Joined: _____

Check one:

___ We want to receive envelopes.

___ We plan to give online. (You will not be sent envelopes.)

If married, please complete the following:

Marriage Date: _____

Were you married by a Catholic priest or deacon? yes no

Other Marital Status: single widowed divorced
 other _____

I understand that by becoming a member of the St. Patrick Parish community I am called to:

1. Attend Mass regularly at this parish.
2. Contribute to the mission of the parish through envelopes or online giving.
3. Be a good steward with my time and talent.

Signature(s): _____

(Continued on other side.)

Individual Information

	Head of Household	Spouse
First Name		
Middle Name		
Last Name		
Preferred Name		
Maiden Name		
Date of Birth		
Gender	Male / Female	Male / Female
Religion		
Cell Phone		
Employer		
Occupation		
Work Phone/ext.		
Baptized	Yes / No	Yes / No
First Communion	Yes / No	Yes / No
Confirmed	Yes / No	Yes / No

PARISH REGISTRATION FORM con't

CHILDREN / OTHERS LIVING AT HOME

Individual Information	First	Second	Third	Fourth	Fifth
Circle one	Son / Daughter/Other	Son / Daughter/Other	Son / Daughter/Other	Son / Daughter/Other	Son / Daughter/Other
First Name					
Middle Name					
Last Name					
Preferred Name					
Date of Birth					
Religion					
Religious Ed Grade					
School Grade					
School Attending					

SACRAMENTS

Baptized	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Church					
City / State					
Eucharist	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Confirmed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Ministries or activities you have belonged to in the past and/or with which you wish to participate _____
