



Church of Saint Patrick
Parishioner Registration Form

Family Name: _____ Phone: _____
(Last Name)

Address: _____ Zip code: _____

Name : (Male) _____
(First and Middle)

Birthdate: _____ Religion: _____

Occupation: _____

Single Married Widower
 Divorced Separated

Confirmed: yes no Date Married: _____
mm/dd/yy

Marriage Witnessed by: Catholic Priest
 Non-Catholic Minister
 Civil Official

Name : (Female) _____
(First - Middle - Maiden)

Birthdate: _____ Religion: _____

Occupation: _____

Single Married Widow
 Divorced Separated

Confirmed: yes no Date Married: _____
mm/dd/yy

Marriage Witnessed by: Catholic Priest
 Non-Catholic Minister
 Civil Official

Children Living at Home:

(First & Middle Names)	M	F	(Birthdate: mm/dd/yy)	Sacraments Received:
_____			_____	__ Baptism __ Communion __ Penance __ Confirmation
_____			_____	__ Baptism __ Communion __ Penance __ Confirmation
_____			_____	__ Baptism __ Communion __ Penance __ Confirmation
_____			_____	__ Baptism __ Communion __ Penance __ Confirmation
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_____			_____	__ Baptism __ Communion __ Penance __ Confirmation
_____			_____	__ Baptism __ Communion __ Penance __ Confirmation

Please check which ministries you would be willing to do :

WORSHIP		OUTREACH		RELIGIOUS EDUCATION	COMMITTEES
__ Eucharistic Minister	__ Lector	__ Legion of Mary Women		__ Catechist	__ Parish Council
__ Mass Server	__ Funeral Server	__ Legion of Mary Men		__ Hall Monitor	__ Finance Council
__ Resurrection Choir Member	__ Saturday Choir Member	__ Evangelization		__ Other	__ Building & Grounds
__ Usher	__ Gardening	__ Prayer Shawl Ministry			__ Door to Door
__ Heavenly Housekeeper	__ Church Decorating	__ Social Justice			__ Other
__ Other					