

ST. PATRICK PARISH REGISTRATION FORM

Date _____

FAMILY LAST NAME _____

HOME ADDRESS _____ MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

EMAIL _____

YOUR PREFERRED METHOD OF CONTACT FOR EVENTS: PHONE _____ EMAIL _____

Please check:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Marriage: Catholic Church _____ Other Church _____ Civil Marriage _____ Living Together _____

Date and Place of Marriage: _____

Please list EACH Member (Parents and children under 18 yrs.) living in household (Children 18 and over must register themselves)

First Name	Last Name <i>(if different)</i>	Birth Date	Religion	Bapt. Comm. Confirm. <i>(Respond Y or N)</i>	Occupation or School Name & Grade
Husband _____	M F _____	____/____/____	_____	_____	_____
Wife _____	M F _____	____/____/____	_____	_____	_____
Other _____	M F _____	____/____/____	_____	_____	_____
Children _____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____
_____	M F _____	____/____/____	_____	_____	_____

If part time resident of the area, please give approximate date you leave _____ and return _____

Special Needs—Pastoral Care of Sacraments in the Home, etc. _____