

The Church of Saint Pascal Baylon

1757 Conway Street • St. Paul, MN 55106 • phone 651.774.1585

PLEASE PRINT

LAST Name: _____
 Address: _____
 City & Zip: _____
 Home Phone: _____ Family Email: _____

OFFICE USE ONLY	
ENVELOPE #: _____	
Registered Date: _____	Left Parish: _____
Connect Now: _____	Cathedral Env: _____
Catholic Spirit: _____	Welcome Letter: _____

Please include information on all family members living at the above address (primary adults and minor children only).

ADULT 1 First Name	M/F	Birth Date	Religion	Baptized		Eucharist		Confirmation	Date Married	Place Married
				Y	N	Y	N	Y	N	
Cell phone: _____		E-mail address: _____				Veteran? Y N				
Marital Status: Single Married Widowed Divorced			Maiden Name: _____							

ADULT 2 First Name	M/F	Birth Date	Religion	Baptized		Eucharist		Confirmation	Date Married	Place Married
				Y	N	Y	N	Y	N	
Cell phone: _____		E-mail address: _____				Veteran? Y N				
Marital Status: Single Married Widowed Divorced			Maiden Name: _____							

Names of Minor Children (Living at this address)	M/F	Birthdate	Baptized (Type Y or N)	1 ST Eucharist (Type Y or N)	Confirmation (Type Y or N)	School	Grade

PLEASE NOTE: If you are 18 years of age or older please register separately.