

# St. Paul Parish North Canton, Ohio - New Parishioner Registration

<p><b>Last Name</b> _____</p> <p><b>First Name</b> _____</p> <p><b>Religion</b> _____</p> <p><b>Birth date</b> _____ <small>Month / Day / Year</small></p> <p>Baptized <input type="checkbox"/>    1st Communion <input type="checkbox"/>    Confirmed <input type="checkbox"/></p>	<p style="text-align: center;"><b>Spouse</b></p> <p><b>Last Name</b> _____</p> <p><b>First Name</b> _____</p> <p><b>Religion</b> _____</p> <p><b>Birth date</b> _____ <small>Month / Day / Year</small></p> <p>Baptized <input type="checkbox"/>    1st Communion <input type="checkbox"/>    Confirmed <input type="checkbox"/></p>
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**Address** \_\_\_\_\_ **City / Zip** \_\_\_\_\_

**Phone Home or cell #** \_\_\_\_\_ **Spouse home or cell #** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Spouse E-mail** \_\_\_\_\_

**Marital Status:**     Single     Married     Widowed     Divorced

**Special Needs:**

**Needs Assistance:**     Mobility     Hearing Aid Device     Sign Language     Interpreter

Large Print     Food Allergies     Other: \_\_\_\_\_

\*Please indicate if children have special learning needs. This can be helpful when planning religious formation classes and Sacramental Preparation.

Minor Children	Sex	Religion	Birth date	Baptized	Communion	Confirmed	Grade
1.	M F		/ /	Yes No	Yes No	Yes No	
2.	M F		/ /	Yes No	Yes No	Yes No	
3.	M F		/ /	Yes No	Yes No	Yes No	
4.	M F		/ /	Yes No	Yes No	Yes No	
5.	M F		/ /	Yes No	Yes No	Yes No	
6.	M F		/ /	Yes No	Yes No	Yes No	

**NOTES: Special needs?** Please indicate any information that is helpful to our staff.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If an adult child is living with a parent, please have the adult child register separately.**

**Do you prefer weekly or monthly envelopes?**

**or**

**To enroll in E-Giving, go to [stpaulncanton.org](http://stpaulncanton.org) and click on "Give Online".**

Any questions, please call 330-499-2201

Today's Date \_\_\_\_\_

For office use only: Envelope # \_\_\_\_\_