St. Patrick Church Membership Registration

FAMILY INFORMATION

For Office Use:
PDS _____
LTR_____
FUP_____

FAMILY NAME:	REGISTRATION DATE:
ADDRESS:	ENVELOPE NUMBER:
CITY & ZIP:	HOME TELEPHONE NUMBER:

HEAD(S) OF HOUSEHOLD INFORAMTION

PLEASE list only those living at this address

Please check al that apply:

ADULT FIRST NAMES:	DATE OF BIRTH	BAPTIZED CATHOLIC	BAPTIZED in another faith (please specify)	CONFIRMED	EUCHARTIST	Year receive into Catholic Church (if not in infancy)	Retired	Homebound	Employer	Business Phone	Cell Phone (Optional)	E-mail Address
1)												
2)												

MARRIAGE INFORMATION

DATE:	CHURCH/PLACE:
CITY/STATE:	WIFE'S MAIDEN NAME:

OTHER HOUSEHOLD MEMBER INFORMATION

PLEASE list children <u>living at home</u> or other household members.

Please check all that apply:

FULL NAMES:	DATE OF BIRTH	BAPTIZED CATHOLIC	BAPTIZED in another faith (please specify)	CONFIRMED	EUCHARTIST	Year receive into Catholic Church (if not in infancy)	Male/Female	Relationship to Head of Household	School Attending	Current Grade	E-mail Address (Optional)
1)											
2)											
3)											
4)											