

ST. PETER CHURCH REGISTRATION FORM

Please note that all information submitted is treated as confidential.

Family Last Name: _____ Wife's Maiden Name: _____

Street Address: _____

Town/City: _____ Zip Code: _____

Mailing Address (if different than Street Address): _____

Telephone Number (indicate if unlisted): _____ Cellphone: _____

Email Address: _____

ADULTS IN HOUSEHOLD

First Name	Date of Birth	Occupation	Religion	Check Sacraments Received			
				Baptism	Eucharist	Penance	Confirmation
1.							
2.							

Marital Status (Circle One):

Single Engaged Married Separated Divorced Widowed

If married, date of marriage: _____ Were you married by a Catholic priest? _____

CHILDREN IN HOUSEHOLD

(list those living at home under 21, in college, or in the military)

First and Last Name	Birthdate	M/F	School	Grade in 2018-19	Sacraments Received			
					Bap.	Each.	Pen.	Conf.
1.								
2.								
3.								
4.								

Do we have permission to publish your name in the bulletin to officially welcome you to the parish? _____