

**St. Patrick Catholic Church
New Parishioner Registration Form**

Family Information

Date: _____

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parish Name/City transferring from: _____

Why did you select St Patrick as your new parish? _____

Member 1 – Head of Household

Please Check: Mr. Mrs. Miss Ms.

First Name: _____ Last Name: _____

Middle Name: _____ Maiden Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Marital Status (check): Single Married Divorced Annulled Widowed

Valid Catholic Marriage: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

FOR PARISH USE ONLY

PS Registration Date _____ Env #: _____ Reactivated Parishioner: Y / N Starter Set Y/ N

Member 2 Information

Please Check: Mr. Mrs. Miss Ms. **Family Role** Spouse Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Maiden Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Member 3 Information

Please Check: Mr. Mrs. Miss Ms. **Family Role:** Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Member 4 Information

Please Check: Mr. Mrs. Miss Ms. **Family Role:** Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Member 5 Information

Please Check: Mr. Mrs. Miss Ms. **Family Role:** Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Member 6 Information

Please Check: Mr. Mrs. Miss Ms **Family Role:** Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Member 7 Information

Please Check: Mr. Mrs. Miss Ms **Family Role:** Son Daughter Other _____

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Sacramental Information

Baptized Catholic: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Baptized (Other): Yes No Date: Month _____ Day _____ Year _____ Faith: _____

Received in the Catholic Church:

Reconciliation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

1st Communion: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____

Confirmation: Yes No Date: Month _____ Day _____ Year _____ Church: _____
City: _____ State: _____