

PLEASE PRINT CLEARLY

St. Patrick's Church

Parishioner Registration Form

ENVELOPE NO: _____

DATE REC'D: _____

Family Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Mailing Address (if different): _____

Family Salutation: _____ (Mr. & Mrs., Ms. etc) Family Email: _____
SPS School Family: Yes or No (Please Circle one)

List all persons living at the above address. Adults living with their children may register as an individual or as part of the above family. Larger families should fill out a 2nd form and attach it to the original.

	First and Middle Name	Last and Maiden and/or family name If different from above	Date of Birth (M/D/Y)	Relationship	Religion	Baptism Yes/No	Communion Yes/No	Confirmation Yes/No	Date Married Church Name City and State
Husband / Head #1									
Wife / Head #2									
Child									
Child									
Child									
Child									
Other									

Parish Offering: I would like to participate in the WeShare online/electronic contribution system.
I would like to be placed on the envelope system for contributions.

Yes or No
Yes or No



Optional Questions

1) What observations, suggestions or recommendations would you like to make concerning St. Patrick's Parish?

2) What abilities, talents or personal areas of interest would you like to share as a volunteer.

3) St. Patrick's School conducts Pre-School, Kindergarten and First through Eighth grade classes.

Are you interested in receiving more information about the School? Yes _____ No _____.

If "Yes" you will receive a phone call from a member of the school staff.