

**ST. PETER PARISH
REGISTRATION FORM
(9-29-2017)**

PARISH OFFICE USE ONLY:

ACS Updated: _____

Today's Date:					
HEAD OF HOUSEHOLD INFORMATION					
Head of Household's Last Name:		First Name:		Middle Name:	
				<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Street Address:			City:		State:
					Zip:
Maiden Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Church Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Widowed		Birthdate: ()		Cell Phone No: ()	
		Church of Marriage: ()		Home Phone: ()	
Church of Confirmation: (If Known)		Date of Confirmation: (If Known)		Church of Baptism: (If Known)	
Religion: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Date of Baptism: (If Known)	
Church of 1 st Communion: (If Known)		Date of 1 st Communion: (If Known)		Church of Confirmation: (If Known)	
Date of Confirmation: (If Known)					
SPOUSE INFORMATION					
Last Name:		First Name:		Middle Name:	
				Maiden Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthdate:		Cell Phone No:		Email:	
		()			
Religion: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Church of Baptism: (If Known)	
Church of 1 st Communion: (If Known)		Date of 1 st Communion: (If Known)		Date of Baptism: (If Known)	
Church of Confirmation: (If Known)		Date of Confirmation: (If Known)			
CHILDREN INFORMATION					
Please complete the reverse side for children in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Registration Form.					
ADDITIONAL INFORMATION					
Comments: 					

Please complete and mail in or return during regular office hours to:
 St. Peter Parish Office, 35777 Center Ridge Rd, N. Ridgeville, OH 44039
 This form can also be returned via the Collection Basket.

ST. PETER PARISH REGISTRATION FORM

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CHILDREN INFORMATION			
Please complete the below for each child in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Registration Form. If more than 3 children, please attach a separate sheet.			
CHILD #1:			
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate:	Cell Phone No: ()	Email:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Church of Baptism: (If Known)	Date of Baptism: (If Known)
Church of 1 st Communion: (If Known)	Date of 1 st Communion: (If Known)	Church of Confirmation: (If Known)	Date of Confirmation: (If Known)
CHILD #2:			
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate:	Cell Phone No: ()	Email:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Church of Baptism: (If Known)	Date of Baptism: (If Known)
Church of 1 st Communion: (If Known)	Date of 1 st Communion: (If Known)	Church of Confirmation: (If Known)	Date of Confirmation: (If Known)
CHILD #3:			
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate:	Cell Phone No: ()	Email:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		Church of Baptism: (If Known)	Date of Baptism: (If Known)
Church of 1 st Communion: (If Known)	Date of 1 st Communion: (If Known)	Church of Confirmation: (If Known)	Date of Confirmation: (If Known)

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