

ST. PETER CHURCH REGISTRATION FORM

FAMILY LAST NAME: _____ TODAY'S DATE: _____

WIFE'S MAIDEN NAME: _____

STREET ADDRESS: _____

TOWN/CITY: _____ ZIP CODE: _____

MAILING ADDRESS (if different than Street Address):

TELEPHONE NUMBER (indicate if unlisted:) _____ HOW LONG AT THIS ADDRESS? _____

E-Mail Address (optional): _____

ADULTS IN HOUSEHOLD

	<u>First Name</u>	<u>Birth Date</u>	<u>Occupation</u>	<u>Religion</u>	<u>Sacraments Received</u>			
					Bap.	Euch.	Pen.	Conf.
<u>1.</u>								
<u>2.</u>								

Marital Status: (circle one)

MARRIED SINGLE DIVORCED SEPARATED WIDOWED ENGAGED

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

CHILDREN IN HOUSEHOLD

(List those living at home under 21, or in college, or in the service)

	<u>First Name</u> <small>(include last name if different than Adult last name)</small>	<u>Birth Date</u>	<u>School</u>	<u>Grade in Sept. 2009</u>	<u>Sacraments Received</u>			
					Bap.	Euch.	Pen.	Conf.
<u>1.</u>								
<u>2.</u>								
<u>3.</u>								
<u>4.</u>								
<u>5.</u>								
<u>6.</u>								

DO WE HAVE YOUR PERMISSION TO PUBLISH YOUR NAME IN THE WEEKEND BULLETIN TO OFFICIALLY WELCOME YOU TO THE PARISH? _____