

Date of Registration \_\_\_\_\_

M/D/Y

# ST. PETER CATHOLIC CHURCH REGISTRATION FORM

Do you want to receive donation envelopes? \_\_\_\_\_

New \_\_\_\_\_ Update \_\_\_\_\_

Family Last Name \_\_\_\_\_

Home or cell phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work phone \_\_\_\_\_

Email(s) \_\_\_\_\_

First Name, Middle Name	Date of Birth (M/D/Y)	Religion	Baptized (Y/N)	Communion (Y/N)	Confirmation (Y/N)	St. Peter's School Alumni?	Occupation/Employer	Married by a Catholic priest? (Y/N)	Marriage Date	Marital Status
Man:										<input type="checkbox"/> Single, never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Woman:										<input type="checkbox"/> Annulment (Y/N)
Maiden name:										

Children (Full names) Living at Home (Oldest to Youngest)	Sex (M/F)	Date of Birth (M/D/Y)	Baptized (Y/N)	Communion (Y/N)	Confirmation (Y/N)	Attends What School or Occupation?	Living at Home (Y/N)	Address if not at home (City and State only)

In case of emergency, please notify \_\_\_\_\_  
Name Address Phone Relationship