

# ST. PATRICK'S PARISH REGISTRATION FORM

FAMILY INFORMATION			
Date:	<input type="checkbox"/> New Registration	<input type="checkbox"/> Update	Envelope #:
Reason for Registration: <input type="checkbox"/> New Parishioner <input type="checkbox"/> Baptism <input type="checkbox"/> Marriage <input type="checkbox"/> OLM School <input type="checkbox"/> CCD Program <input type="checkbox"/> RCIA <input type="checkbox"/> Attending Church, but never registered <input type="checkbox"/> Other:			
Please send Envelopes: <input type="checkbox"/> Yes <input type="checkbox"/> No		Enroll in Electronic Giving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Send Bulletin by Email: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Name:	Mailing Title:	<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Address:	City:	Zip Code:	
Phone:	Cell:	Email:	
Marriage date:	Church:	Priest/ Deacon:	
	City/State:		

HEAD OF HOUSEHOLD INFORMATION (husband or single adult)		
First Name:	Middle Name:	Last Name:
Goes By:	First Language:	Ethnicity (optional):
Date of birth:	Birth place:	Religion:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*		
Baptism: Y N Date:	Church:	City/State:
1 <sup>st</sup> Communion: Y N Date:	Church:	City/State:
Confirmation: Y N Date:	Church:	City/State:
*(If Widowed) Deceased Name:		Date of Death: Funeral Place:
Occupation:	Employer:	Work phone:
Education: <input type="checkbox"/> Some School <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College <input type="checkbox"/> Postgraduate <input type="checkbox"/> Other:		

SPOUSE INFORMATION (wife)			
First Name:	Middle Name:	Last Name:	Maiden Name:
Goes By:	First Language:	Ethnicity (optional):	
Date of birth:	Birth place:	Religion:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*			
Baptism: Y N Date:	Church:	City/State:	
1 <sup>st</sup> Communion: Y N Date:	Church:	City/State:	
Confirmation: Y N Date:	Church:	City/State:	
*(If Widowed) Deceased Name:		Date of Death:	Funeral Place:
Occupation:	Employer:	Work phone:	
Education: <input type="checkbox"/> Some School <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College <input type="checkbox"/> Postgraduate <input type="checkbox"/> Other:			

# ST. PATRICK'S PARISH REGISTRATION FORM

<b>CHILD (or others living at home)</b>		
First Name:	Middle Name:	Last Name:
Date of birth:	Birth place:	Relationship:
Baptism:      Y N    Date:	Church:	City/State:
1 <sup>st</sup> Communion: Y N    Date:	Church:	City/State:
Confirmation:   Y N    Date:	Church:	City/State:
School Name:	Religious Education (CCD): Y N	(If Yes) Grade:
<b>CHILD (or others living at home)</b>		
First Name:	Middle Name:	Last Name:
Date of birth:	Birth place:	Relationship:
Baptism:      Y N    Date:	Church:	City/State:
1 <sup>st</sup> Communion: Y N    Date:	Church:	City/State:
Confirmation:   Y N    Date:	Church:	City/State:
School Name:	Religious Education (CCD): Y N	(If Yes) Grade:
<b>CHILD (or others living at home)</b>		
First Name:	Middle Name:	Last Name:
Date of birth:	Birth place:	Relationship:
Baptism:      Y N    Date:	Church:	City/State:
1 <sup>st</sup> Communion: Y N    Date:	Church:	City/State:
Confirmation:   Y N    Date:	Church:	City/State:
School Name:	Religious Education (CCD): Y N	(If Yes) Grade:
<b>CHILD (or others living at home)</b>		
First Name:	Middle Name:	Last Name:
Date of birth:	Birth place:	Relationship:
Baptism:      Y N    Date:	Church:	City/State:
1 <sup>st</sup> Communion: Y N    Date:	Church:	City/State:
Confirmation:   Y N    Date:	Church:	City/State:
School Name:	Religious Education (CCD): Y N	(If Yes) Grade:

**Please check the areas in which you may want to participate**

<input type="checkbox"/> Eucharistic Minister at Mass <input type="checkbox"/> Eucharistic Minister to the Sick <input type="checkbox"/> Lector (Reader) at Mass <input type="checkbox"/> Adult Altar Server <input type="checkbox"/> Youth Altar Server <input type="checkbox"/> RCIA Process Sponsor	<input type="checkbox"/> Youth Ministry <input type="checkbox"/> Choir Ministry <input type="checkbox"/> Detention Ministry <input type="checkbox"/> Children Liturgy <input type="checkbox"/> Re-Membering Program <input type="checkbox"/> Teaching CCD Program	<input type="checkbox"/> Pre-Baptism Instructor (Bilingual) <input type="checkbox"/> Pre-Marriage Instructor (Couples) <input type="checkbox"/> Greeter <input type="checkbox"/> Usher <input type="checkbox"/> Church Office Volunteer <input type="checkbox"/> Monday Club (church cleaning)
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I understand that by becoming a Member of St. Patrick's Parish I am called to attend Mass regularly at this Parish, use my Contribution Envelopes, and support the Parish Ministries.

Signature:	Date:
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