

STS. PETER AND PAUL PARISH

REGISTRATION FORM

DATE: _____ ENVELOPE NO. _____

LAST NAME:		
RESIDENCE ADDRESS:		APT #
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (if different from residence):		
TELEPHONE:	UNLISTED? YES [] NO []	
WHAT MASS DO YOU ATTEND?		
MARTIAL STATUS: MARRIED [] SINGLE [] DIVORCED [] SEPARATED [] WIDOW(ER) []		
I/WE WISH TO USE PARISH ENVELOPES: YES [] NO []		
MAY A PARISH MEMBER CONTACT YOU? YES [] NO []		

	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	OTHER (identify)
FIRST NAME					
LAST NAME (if different from above)					
TITLE: Choose MR./MRS. or DR./MRS. or MR. or MRS. or MISS or MS.					
DATE OF BIRTH					
RELIGION					
OCCUPATION					
LOCATION					
BUSINESS PHONE NUMBER					
IF ATTENDING SCHOOL, GRADE					
SACRAMENTS: ENTER DATE (mmddy) Baptism First Communion Confirmation Marriage	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
SEX (CIRCLE)	[M] [F]	[M] [F]	[M] [F]	[M] [F]	[M] [F]