



# St. Patrick Parish Registration Form

Please complete the form below and return to us by mail or via the collection basket at Mass.  
Please print clearly. Thank you.

**FAMILY CONTACT INFORMATION:**

Today's date: \_\_\_\_\_

Family Last Name:	Home Phone:  Unlisted? ___ Yes ___ No
Mailing Address	City / State / Zip

**HEAD OF HOUSEHOLD:****SPOUSE:**

Last name:			First name, MI:			Last name:			First name, MI:		
Date of Birth:		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Birth:		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation:			Company:			Occupation:			Company:		
Religion (if not Catholic):		Cell phone:				Religion (if not Catholic):		Cell phone:			
E-mail:						E-mail:					
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced						If married, date of marriage and location:					
Check the following if apply:											
<input type="checkbox"/> We were married in the Catholic Church				<input type="checkbox"/> We would like information on getting married in the Church							
<input type="checkbox"/> We would like to get our marriage blessed by the Church						<input type="checkbox"/> I would like information on an Annulment					

How do you prefer to be contacted? Home Phone  Cell Phone  E-mail 

How would you like your envelopes addressed? \_\_\_\_\_

I would like more information about: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Online Giving                  | <input type="checkbox"/> Becoming Catholic                |
| <input type="checkbox"/> Children's Religious Education | <input type="checkbox"/> Sacraments                       |
| <input type="checkbox"/> Adult Faith Formation          | <input type="checkbox"/> Getting involved with the Parish |

Does anyone in your household have a special need / disability or an infirmity that keeps them homebound or in a nursing facility that you would like us to know about?  Yes  No  Homebound  Nursing HomeIf so, would this family member like to receive communion?  Yes  No

Name \_\_\_\_\_ Nursing Home \_\_\_\_\_

Please complete for children living at home **(Under 18 years old)**

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Place of Birth:	Religion (if not Catholic)	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Place of Birth:	Religion (if not Catholic)	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Place of Birth:	Religion (if not Catholic)	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Place of Birth:	Religion (if not Catholic)	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Place of Birth:	Religion (if not Catholic)	Church:	Church:	Church:

Please list names of adult children living at home. **(18 years and older)**

***Please note: An adult child should be listed as their own member, and should also fill out a registration form if they would like to become a member of St. Patrick Parish.***

Name:	Name:
Name:	Name: