

**SAINT PATRICK PARISH REGISTRATION FORM**

**FAMILY INFORMATION**

**Head of Household**

**Sacraments received**  
(check appropriate boxes)

**Spouse**

**Children** 1. (First, Middle and last names) (if different from parent's last name)

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

Head of Household (First Name) \_\_\_\_\_ Title (Mr., Mrs., Ms., Dr.) \_\_\_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

Place of Employment \_\_\_\_\_

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Spouse (First Name) \_\_\_\_\_ Title (Mrs., Ms., Dr.) \_\_\_\_\_

Maiden Name \_\_\_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

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1. Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

School/Work \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

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2. Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

School/Work \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

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3. Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

School/Work \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First  Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

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4. Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

School/Work \_\_\_\_\_

Religion  Catholic  Convert  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

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5. Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Place of Birth (City/Town) \_\_\_\_\_ Date of Birth (M/D/Yr.) \_\_\_\_\_

School/Work \_\_\_\_\_

Religion  Catholic  Convert-  Baptized  First Communion  Confirmation  
 Non-Catholic (If not Catholic, specify denomination) \_\_\_\_\_

*(Please fill out both sides of form)*

**SAINT PATRICK PARISH REGISTRATION FORM**

**Address Information**

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cellular \_\_\_\_\_

**Marriage Information**

Name of Catholic Church where married \_\_\_\_\_

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

Date of Marriage \_\_\_\_\_

If married outside of the Catholic Church; specify Church or location \_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_

If married outside of the Catholic Church; has your marriage been blessed by the Catholic Church? \_\_\_\_\_

Name of Church, city and state \_\_\_\_\_

Date Marriage was blessed: \_\_\_\_\_

**Ministries:**

I would like more information on the following ministries: Name \_\_\_\_\_

\_\_\_\_\_ Music Ministry (Choir member, Cantor or Instrumentalist)

\_\_\_\_\_ Life Teen Ministry

\_\_\_\_\_ Religious Education

\_\_\_\_\_ Lector

\_\_\_\_\_ Saint Luke's Ministry (Healthcare)

\_\_\_\_\_ Altar Serving

\_\_\_\_\_ Religious Education

\_\_\_\_\_ Extraordinary Minister

\_\_\_\_\_ Ushering

**\*Email Address:**

\_\_\_\_\_

**Please list email address**

**Other Comments:**

(names of children not living at home; parents living with family; etc)

Would you like to receive parish envelopes?    Yes _____    No _____
Do we have permission to put your name and address in the parish bulletin as a welcome? Yes _____    No _____
Do you wish to receive the Catholic Witness?    Yes _____    No _____

**Date Registered**

\_\_\_\_\_