

PLEASE PRINT

St. Patrick's Parish Registration Card

No. _____ (Office Use Only)

DATE _____

FAMILY LAST NAME: _____
WIFE'S MAIDEN NAME: _____

COMMUNITY, PARK OR NEIGHBORHOOD: _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

STREET ADDRESS (IF DIFFERENT): _____ PHONE NO. (_____) _____

RESIDENCY YEAR ROUND SEASONAL (ADDRESS AWAY) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUALS IN YOUR HOUSEHOLD, INCLUDING RELIGION & SACRAMENTAL INFORMATION

ADULTS:		MIDDLE INITIAL	LAST NAME (IF DIFF.)	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP	SINGLE, MARRIED SEP/DIV WIDOWED	MARRIED BY PRIEST (Y/N)	RELIGION	BAPTIZED (Y/N)	1 ST COMM (Y/N)	CONFIRM (Y/N)	OCCUPATION

MARRIAGE: DATE: _____ CHURCH: _____ CITY: _____ STATE: _____

CHILDREN LIVING AT HOME:		MIDDLE INITIAL	LAST NAME (IF DIFF.)	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP	RELIGION	BAPTIZED (Y/N) CHURCH CITY & STATE	1 ST COMMUNION (Y/N) CHURCH CITY & STATE	CONFIRMATION (Y/N) CHURCH CITY & STATE	ATTEND CCD (Y/N)

PLEASE NOTE SPECIAL SITUATIONS (SHUT-IN, HANDICAPPED, DISABLED, ETC.): _____

EMERGENCY CONTACT NAME, ADDRESS & PHONE NUMBER: _____

PLEASE CHECK AREAS OF PARISH LIFE YOU ARE INTERESTED OR SKILLED IN:

- Minister of the Word
- Minister of Hospitality/ Usher
- Extraordinary Minister of Holy Communion
- CENTERING PRAYER GROUP
- ALTAR SERVER
- ALTAR CARE – SACRISTAN

- CCD:
- SUBSTITUTE TEACHER
- VOLUNTEER
- RELIGIOUS EDUCATION PROGRAM
- BIBLE REFLECTION
- HIGH SCHOOL YOUTH MINISTRY
- Music Ministry: ADULT/YOUTH/CHILDREN

- WOMEN'S GUILD
- Helping Hands Ministry
- Bereavement Ministry
- SINGLES CLUB (55+)
- GOOD SAMARITANS & CONSOLATION MINISTRY
- PRO LIFE/RESPECT LIFE
- KNIGHTS OF COLUMBUS
- CENTERING PRAYER GROUP
- MINISTRY TO THE SICK

PLEASE USE THE REVERSE SIDE OF THIS FORM FOR ANY COMMENTS YOU MAY HAVE.