

PLEASE PRINT CLEARLY

# St. Patrick's Church

## Parishioner Registration Form

ENVELOPE NO: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Family Salutation: \_\_\_\_\_ Family Email: \_\_\_\_\_  
 (Mr. & Mrs., Ms. etc) SPS School Family: Yes or No (Please Circle one)

List all persons living at the above address. Adults living with their children may register as an individual or as part of the above family. Larger families should fill out a 2nd form and attach it to the original.

	First & Middle Name	<u>Maiden</u> and/or family name If different from above	Date of Birth (MDY)	Relation- ship	Religion	Baptism Yes/No	Communion Yes/No	Confirmation Yes/No	Married Date and Church	Occupation
Husband										
Wife										
Child										
Child										
Child										
Child										
Other										

Parish Offering: I would like to participate in the Parish Pay online/electronic contribution system.  
 I would like to be placed on the envelope system for contributions.

Yes or No  
 Yes or No



## Optional Questions

1) What observations, suggestions or recommendations would you like to make concerning St. Patrick's Parish?

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2) What abilities, talents or personal areas of interest would you like to share as a volunteer.

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3) St. Patrick's School conducts Pre-School, Kindergarten and First through Eighth grade classes.

Are you interested in receiving more information about the School?    Yes \_\_\_\_\_    No \_\_\_\_\_.

If "Yes" you will receive a phone call from a member of the school staff.