



St. Patrick Parish

ROMAN CATHOLIC CHURCH

PARISH REGISTRATION FORM

Please note: Children over 21 years old should register

on their own.

FAMILY NAME: _____

MAILING ADDRESS: _____

PHONE: _____

DATE: _____

EMAIL ADDRESS for EACH ADULT: _____

*(emails will be used on occasion for parish communication)

FIRST NAME/MIDDLE I. (please print)	Birth Date	Religion (List specific religion)	Baptism (Y/N)	Communion (Y/N)	Confirmation (Y/N)	Marriage (Y/N)	CELL PHONE NUMBER	
							School	Grade
MR.								
MRS.								
<i>Children or other family members</i>								
1.								
2.								
3.								
4.								
5.								
6.								

MARRIAGE INFORMATION

CHURCH OF MARRIAGE: _____ CITY/STATE: _____

DATE OF MARRIAGE: _____ MAIDEN NAME: _____