

# ST. PETER PARISH REGISTRATION

## Household information:

Family Name \_\_\_\_\_ Date Registering: \_\_\_\_\_ # \_\_\_\_\_  
Mailing name(s) \_\_\_\_\_ (ie: Mr. & Mrs./ Mr./ Mrs./ Ms./ Miss/ Dr & Mrs. John Doe )  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number(s) Home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_  
email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Individual information of those in the household:

### Head

Title: (please circle the one you prefer) Mr. Mrs. Ms. Miss Dr. Other \_\_\_\_\_ Maiden name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father: \_\_\_\_\_ Mother's 1<sup>st</sup> & Maiden name: \_\_\_\_\_  
Marital status: (please circle) Single, Married, Divorced, Widow/Widower  
Relationship in household: Head/Wife/Adult male/Adult female Religion: \_\_\_\_\_

### **Sacraments received:** (Please provide any information you can.)

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Marriage: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
(If applicable) Divorce? Year \_\_\_\_\_ City/State \_\_\_\_\_ Annulment? Year \_\_\_\_\_ City/State \_\_\_\_\_

**Spouse**

Title: (please circle the one you prefer) Mr. Mrs. Ms. Miss Dr. Other \_\_\_\_\_ Maiden: name: \_\_\_\_\_

First name \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Mother's 1<sup>st</sup> & Maiden name: \_\_\_\_\_

Marital status: (please circle) Single, Married, Divorced, Widow/Widower Religion: \_\_\_\_\_

Relationship in Household: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Sacraments received:** (Please provide any information you can.)

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marriage: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If applicable) Divorce? Year \_\_\_\_\_ City/State \_\_\_\_\_ Annulment? Year \_\_\_\_\_ City/State \_\_\_\_\_

**Children:**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Religion: \_\_\_\_\_

**Sacraments received:** (Please provide any information relating to them.)

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Children:**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Religion: \_\_\_\_\_

**Sacraments received:** (Please provide any information you can)

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Children:**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Religion: \_\_\_\_\_

**Sacraments received:** (Please provide any information you can.)

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If there are additional adults or children, please write the information on another paper and attach.

If you have any questions please contact the Parish Office Mon. – Thurs. 8:30am – 2:00 740-282-7612 **Thank you and welcome!**