

## SAINT PETER PARISH REGISTRATION

### Household Information:

Last Name \_\_\_\_\_ Date Registering: \_\_\_\_\_  
Mailing name(s): \_\_\_\_\_ (i.e.: Mr. & Mrs. J. Doe)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Primary Phone Number(s): Home/Cell/Work: \_\_\_\_\_ Home/Cell/Work: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_

### Individual information of those in the household:

#### Head\*

Title (please circle): Mr. Mrs. Ms. Miss Dr. Other \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital status (please circle): Single Married Divorced Annulled Widow/Widower Maiden name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Mother's **Maiden** Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 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 \_\_\_\_\_

*\*Please note that the Head can be: a single person, a husband with a spouse, or a single parent.*

**Spouse**

Title (please circle): Mr. Mrs. Ms. Miss Dr. Other \_\_\_\_\_ Religion: \_\_\_\_\_

Marital status (please circle): Single Married Divorced Annulled Widow/Widower Maiden name: \_\_\_\_\_

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

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

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Mother's **Maiden** Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 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 \_\_\_\_\_

**Child:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

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: \_\_\_\_\_

**Child:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

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: \_\_\_\_\_

**Child:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

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: \_\_\_\_\_