Office Use Only:	StewardSoft In	staset Ga	abrielSoft	Card	Er	ivelope #	
	SAINT	PETER PARIS	SH REGIS	STRATIC	<u>N</u>		
Last Name			Date Re	gistering:		_	
Address	(City		State	Zip co	ode	_
Primary Phone Number	er: Home/Cell/Work:		Primary Email	Address:			
Head*				Occupati	on:		
Title (please circle): 1	Mr. Mrs. Ms. Miss Dr. C	Other	Religion:				
Phone Number:		Email:					
Marital status (please	circle): Single Married Div	orced Annulled Wido	ow/Widower	Ma	iden name:		
First name:	M	iddle name:		Last name:			-
Date of Birth:	City of B	irth:		State:	Zip:	_	
Father:	Mother:		Mot	her's <u>Maiden</u>	Name:		
Sacraments received	(Please provide any informati	on you can):					
Baptism: Date:	Church:		City:		State:	Zip:	
1 st 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.

<u>Spouse</u>	Occupation:				
Title (please circle): Mr. Mrs.	Ms. Miss Dr. Other	Religion:			
Phone Number:	En	nail:			
Marital status (please circle): Si	ngle Married Divorced Annulled	Widow/Widower	Mai	den name:	
First name:	Middle name:	Las	t name:		
Date of Birth:	City of Birth:	S	tate:	Zip:	
Father:	Mother:	Mother's	s <u>Maiden</u> N	Name:	
Sacraments Received: (Please 1	provide any information you can.)				
Baptism: Date:	Church:	City:		State:	Zip:
1 st 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? Y	ear	City/State	
<u>Child</u>					
First Name:	Middle Name:	Last	Name:		
Date of Birth:	City of Birth:	State:	Zip:	Male	Female
School:		Religion:			
Sacraments received: (Please p	rovide any information you can.)				
Baptism: Date:	Church:	City:		State:	Zip:
1 st Communion: Date:	Church:	City:		State:	Zip:
Confirmation: Date:	Church:	City:		State:	Zip:

<u>Child</u>			
	Middle Name:	Last Name:	
	City of Birth:		Male Female
		Religion:	
Sacraments received: (Ple	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip: _
1 st Communion: Date:	Church:	City:	State: Zip: _
Confirmation: Date:	Church:	City:	State: Zip: _
Child			
	Middle Name:	Last Name:	
	City of Birth:		
		Religion:	
	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip:
1 st Communion: Date:	Church:	City:	State: Zip: _
Confirmation: Date:	Church:	City:	State: Zip: _
Child			
	Middle Name:	Last Name:	
	City of Birth:		Male Female
		Religion:	
	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip:

1st Communion: Date: _____ Church: ____ City: _____ State: ___ Zip: ____

_ City: _____

State: _____Zip: ____

Confirmation: Date: _____ Church: ____

<u>Child</u>			
	Middle Name:	Last Name:	
	City of Birth:		Male Female
		Religion:	
Sacraments received: (Ple	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip: _
1 st Communion: Date:	Church:	City:	State: Zip: _
Confirmation: Date:	Church:	City:	State: Zip: _
Child			
	Middle Name:	Last Name:	
	City of Birth:		
		Religion:	
	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip:
1 st Communion: Date:	Church:	City:	State: Zip: _
Confirmation: Date:	Church:	City:	State: Zip: _
Child			
	Middle Name:	Last Name:	
	City of Birth:		Male Female
		Religion:	
	ease provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip:

1st Communion: Date: _____ Church: ____ City: _____ State: ___ Zip: ____

_ City: _____

State: _____Zip: ____

Confirmation: Date: _____ Church: ____

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First Name:	Middle Name:	Last Name:	
Date of Birth:	City of Birth:	State: Zip:	Male Female
School:		Religion:	
Sacraments received: (Please	e provide any information you can.)		
Baptism: Date:	Church:	City:	State: Zip:
1 st Communion: Date:	Church:	City:	State: Zip:
Confirmation: Date:	Church:	City:	State: Zip: