

Office Use Only: StewardSoft _____ Instaset _____ GabrielSoft _____ Card _____ Envelope # _____

SAINT PETER PARISH REGISTRATION

Last Name _____ Date Registering: _____

Address _____ City _____ State _____ Zip code _____

Primary Phone Number: Home/Cell/Work: _____ Primary Email Address: _____

Head* Occupation: _____

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

Phone Number: _____ Email: _____

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: _____

Sacraments received (Please provide any information you can):

Baptism: Date: _____ Church: _____ City: _____ State: _____ Zip: _____

1st 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

Occupation: _____

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

Phone Number: _____ Email: _____

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: _____

Sacraments Received: (Please provide any information you can.)

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(If applicable) Divorce? Year _____ City/State _____ Annulment? Year _____ City/State _____