

J.M.J.T.

STS PETER AND PAUL PARISH

REGISTRATION FORM

DATE:

ENVELOPE NO.

LAST NAME:					
RESIDENCE ADDRESS:				APT #	
CITY:		STATE:		ZIP CODE:	
MAILING ADDRESS (if different from residence):					
TELEPHONE:			UNLISTED?		
MARITAL STATUS: MARRIED [ ] SINGLE [ ] DIVORCED [ ] SEPARATED [ ]					
WIDOW(ER) [ ]					
I/WE WISH TO USE PARISH ENVELOPES: YES [ ] NO [ ]					
COMMENTS OR REMARKS:					
	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	OTHER (identify)
FIRST NAME					
LAST NAME (if different from above)					
TITLE: Choose MR./MRS. or DR./MRS. or MR. or MRS. or MISS or MS.					
DATE OF BIRTH					
RELIGION					
OCCUPATION					
LOCATION					
BUSINESS PHONE NUMBER					
IF ATTENDING SCHOOL, GRADE					
SACRAMENTS: ENTER DATE (mmddyy)					
Baptism	_____	_____	_____	_____	_____
First Communion	_____	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____	_____
Marriage	_____	_____	_____	_____	_____
SEX (CIRCLE)	[M] [F]	[M] [F]	[M] [F]	[M] [F]	[M] [F]