

WELCOME TO ST. PATRICK

REGISTRATION FORM

Date: _____

Family Last Name: _____

Name of Head of Household: _____

Date of Birth: Month _____ Day _____ Year _____

Baptized? Y N 1st Communion? Y N Confirmed? Y N Married? Y N

Phone: _____ E-mail: _____

Spouse Name: _____

Date of Birth: Month _____ Day _____ Year _____

Baptized? Y N 1st Communion? Y N Confirmed? Y N Married? Y N

Phone: _____ E-mail: _____

Address: _____

Zip Code _____

Other members of the Household

NAME	Relation	Baptized?	1 st Communion?	Confirmation?

Do you have skills and/or talents that can serve the parish? _____

Would you like to participate in parish ministries? If, so, which? _____

Part of church membership is financial support of the parish. When you register, you will begin receiving envelopes in the mail. Please support as you are able. Envelope # _____