

St. Peter's Church of Spring Grove

Parish Registration

(Please print clearly)

Family Last Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Primary phone: _____ Secondary phone: _____

Family status: Married Divorced Separated Widowed Single

Family members

Head of Family: _____ Title: Mr. Mrs. Miss Ms. Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Spouse: _____ Title: Mr. Mrs. Miss Ms. Other: _____

Maiden name (if applicable): _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Dependent/Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Dependent/Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Dependent/Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Dependent/Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

Dependent/Other: _____

Gender (M/F)	Birthdate	Religion	Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

If married,

Were you married by a Catholic priest? _____

Date of marriage: _____

Name of Church: _____

City where Church is located: _____

Do any of your family members have any special needs that you would like us to be aware of:

Do you want Offertory Envelopes (Y/N)? _____