St. Peter's Church of Spring Grove Parish Registration

(Please print clearly)

Family Last I	Name:					
Address:						
City:			State	Zip	code:	
Primary pho	one:		_ Secon	dary phone: _		
Family statu	s: Marr	ied Divorced	l Sepa	rated Wido	wed Single	
Family mem	<u>nbers</u>					
Head of Fam	nily:			Title: Mr	. Mrs. Miss Ms.	Other:
Gender (M/F)	Birthdate	Religion		Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)
Maiden nam	ne (if applicable):					
Gender (M/F)	Birthdate	Religion		Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)
Gender	Other:Birthdate	Religion		Baptized	First Comm.	Confirmation
(M/F)				(Y/N)	(Y/N)	(Y/N)
Dependent/	Other:					
Gender (M/F)	Birthdate	Religion		Baptized (Y/N)	First Comm. (Y/N)	Confirmation (Y/N)

(M/F) (Y/N) (Y/N) (Y/N) (Y/N) Dependent/Other: Gender Birthdate Religion Baptized (Y/N) (Y/N) (Y/N) Dependent/Other: Gender Birthdate Religion Baptized (Y/N) (Y/N) Dependent/Other: Gender (M/F) Birthdate Religion Baptized (Y/N) (Y/N) (Y/N) First Comm. (Y/N) (Y/N) Confirmation (Y/N) (Y/N) First Comm. (Y/N) Confirmation (Y/N) Confirmation (Y/N) First Comm. (Y/N) Confirmation (Y/N) Confirmation (Y/N) First Comm. (Y/N) Confirmation (Y/N	Jependent,	, other.				
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Gender (M/F) Religion Baptized (Y/N) Gender (Y/N) Gend						
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(M/F) (Y/N) (Y/N) (Y/N) If married, Were you married by a Catholic priest? Date of marriage: Name of Church: City where Church is located:	Gender	Birthdate	Religion	Baptized	First Comm.	Confirmation
If married, Were you married by a Catholic priest?			inengion.	-		
Were you married by a Catholic priest?					, , ,	
Date of marriage:	-	narried by a Cat	holic priest?			
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 anv of v	our family mem	bers have any spec	cial needs that you w	ould like us to be av	ware of:
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