

# St. Peter's Church of Spring Grove

## Parish Registration

(Please print clearly)

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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)? \_\_\_\_\_