

ST. PATRICK CHURCH REGISTRATION FORM

Family Name: _____

Phone: _____

Address: _____

Email: _____

Please complete all information for each member of your family (a dependent is any individual who will be joining the parish with you and has not graduated from high school and/or college.)

ADULT NAMES	DATE OF BIRTH	RELIGION	OCCUPATION	PLACE OF EACH SACRAMENT
				Baptism: _____ Confirmation: _____
				Baptism: _____ Confirmation: _____

Were you married: Catholic: Y N

Other Denomination? Y N

Civil Ceremony? Y N

Place of Marriage: _____

Date: _____

DEPENDENT NAMES	DATE OF BIRTH	RELIGION	GRADE IN SCHOOL	PLACE OF EACH SACRAMENT
				Baptism: _____ Confirmation: _____
				Baptism: _____ Confirmation: _____

***Additional dependents may be added on the opposite side
(over)***

DEPENDENT NAMES	DATE OF BIRTH	RELIGION	GRADE IN SCHOOL	PLACE OF EACH SACRAMENT
				Baptism: _____ Confirmation: _____
				Baptism: _____ Confirmation: _____
				Baptism: _____ Confirmation: _____
				Baptism: _____ Confirmation: _____

Please list family members that would like to provide their talent to our parish in the following areas:

Altar Server: _____ **Lector:** _____

Extraordinary Minister of Holy Communion: _____

Usher: _____ **Pastoral Council:** _____

Finance Council: _____ **Choir/Canter:** _____

Rel. Education Teacher: _____ **Aide:** _____

Adult Education: _____

Church Grounds (landscaping, beautification): _____

Funeral Luncheon: **Make Desserts?** _____ **Help Prepare/Serve:** _____

If we need assistance in your profession field, would you be willing to volunteer time to the parish: Y N