

St. Paul Church Registration Form

FOR OFFICE USE ONLY	
Date	_____
ID #	_____ Mapsco _____

1. Family Last Name _____

2. Address _____ Apt. # _____

3. City _____ Zip Code _____ Home Phone _____

4. Marital Status (check one) If Married (check one) Date of Marriage: _____

Married _____	Married by: _____	Catholic Priest _____
Single _____		Other Minister _____
Divorced _____		Civil Official _____
Widowed _____		

5. Husband or Single Male _____ Date of Birth _____

First *Initial*

6. Religion _____

	7. Sacraments (Circle Yes or No)
	Baptism Yes No
	First Communion Yes No
	Confirmation Yes No

8. Occupation _____

9. Employer _____ Phone _____

10. Languages Spoken (other than English) _____

11. Ethnic Origin (Used by Diocese for Statistical Purposes Only)

Check one: Caucasian _____ Hispanic _____ African American _____ Asian _____ Other _____

12. Husband Cell Phone _____ Email Address _____

5. Wife or Single Female _____ Date of Birth _____

First *Initial*

6. Religion _____

	7. Sacraments (Circle Yes or No)
	Baptism Yes No
	First Communion Yes No
	Confirmation Yes No

8. Occupation _____

9. Employer _____ Phone _____

10. Languages Spoken (other than English) _____

11. Ethnic Origin (Used by Diocese for Statistical Purposes Only)

Check one: Caucasian _____ Hispanic _____ African American _____ Asian _____ Other _____

12. Wife Cell Phone _____ Email Address _____

CHILDREN, UNDER THE AGE OF 21, LIVING AT HOME

Name _____				
<i>First</i>	<i>Initial</i>	<i>(Last Name if different from father or mother)</i>		
Date of Birth _____	Sex: Male ()		Female ()	
Religion _____	Sacraments: <i>(Circle One)</i>			
	Baptism	Yes	No	
	First Communion	Yes	No	
	Confirmation	Yes	No	
Name _____				
<i>First</i>	<i>Initial</i>	<i>(Last Name if different from father or mother)</i>		
Date of Birth _____	Sex: Male ()		Female ()	
Religion _____	Sacraments: <i>(Circle One)</i>			
	Baptism	Yes	No	
	First Communion	Yes	No	
	Confirmation	Yes	No	
Name _____				
<i>First</i>	<i>Initial</i>	<i>(Last Name if different from father or mother)</i>		
Date of Birth _____	Sex: Male ()		Female ()	
Religion _____	Sacraments: <i>(Circle One)</i>			
	Baptism	Yes	No	
	First Communion	Yes	No	
	Confirmation	Yes	No	
Name _____				
<i>First</i>	<i>Initial</i>	<i>(Last Name if different from father or mother)</i>		
Date of Birth _____	Sex: Male ()		Female ()	
Religion _____	Sacraments: <i>(Circle One)</i>			
	Baptism	Yes	No	
	First Communion	Yes	No	
	Confirmation	Yes	No	