

CHURCH OF SAINT PATRICK
MEMBER REGISTRATION FORM
(PLEASE COMPLETE A SEPARATE FORM FOR EACH MEMBER IN YOUR FAMILY)

MEMBER NAME _____
(LAST) (FIRST) (MI)

TITLE—PLEASE CIRCLE ONE: Mr., Mrs., Miss, Ms., Dr., Other: _____

SUFFIX: PLEASE CIRCLE, IF USED: Sr., Jr., II, III, IV, Other: _____

MEMBER NICKNAME: _____

MAIDEN NAME: _____

MARITAL STATUS: Married Separated Divorced/Remarried (Pending Annulment) |
Divorced/Remarried (Need Annulment) Divorced Single (Never Married)

RELIGION _____ HANDICAP _____

ETHNICITY _____ LANGUAGE _____

OCCUPATION _____ COMPANY NAME _____

BUSINESS PHONE _____ ALTERNATE PHONE# _____

DATE OF BIRTH: ___/___/___ GENDER: _____ HIGHEST GRADE COMPLETED: _____

BAPTISM DATE: ___/___/___ CHURCH NAME/CITY/STATE _____

FIRST PENANCE: ___/___/___ CHURCH NAME/CITY/STATE _____

FIRST COMMUNION: ___/___/___ CHURCH NAME/CITY/STATE _____

CONFIRMATION: ___/___/___ CHURCH NAME/CITY/STATE _____

MARRIAGE: ___/___/___ CHURCH NAME/CITY/STATE _____