

## Sts. Peter and Paul Jesuit Church Registration Form

Circle All that Apply:      **Member** or **Friend**      **Mailing List**      **Include In Directory?**    **Y**    **N**

Today's Date \_\_\_\_\_ Envelopes    Yes    No      ID # \_\_\_\_\_  
Circle One Office Use Only

Last Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Alternate Address: \_\_\_\_\_  
If applicable Street City State Zip

Marital Status      Single: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_ Widowed: \_\_\_\_ Separated: \_\_\_\_

If Married, When? \_\_\_\_\_ Married in Catholic Church?    Yes    No \_\_\_\_\_  
If yes, indicate which Church?

Adult #1	Adult #2 (if applicable)
First Name _____	First Name _____ <small>Include (maiden) name of wife if married</small>
Date of Birth _____	Date of Birth _____
Religion _____	Religion _____
Baptism _____ <small>If yes, Where?      Yes      No</small>	Baptism _____ <small>If yes, Where?      Yes      No</small>
Communion _____ <small>If yes, Where?      Yes      No</small>	Communion _____ <small>If yes, Where?      Yes      No</small>
Confirmation _____ <small>If yes, Where?      Yes      No</small>	Confirmation _____ <small>If yes, Where?      Yes      No</small>
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cell Number _____	Cell Number _____
Email _____	Email _____

### Children (If applicable)

Please give name, date of birth, answer M or F and mark an X if completed sacraments. If children have different last name please indicate their last name. Please list only minor children who are living with you.

Name	Date of Birth	Gender	Baptism	Communion	Confirmation	School/Occupation
	/ /	M F				
	/ /	M F				
	/ /	M F				
	/ /	M F				

### Ministry Interests

Hospitality _____	Eucharistic Minister _____	Worship Commission _____
Lector/Reader _____	Christian Service _____	Altar Server _____
Usher _____	Fundraising _____	Other _____