

ST. PATRICK PARISHIONER INFORMATION

For Office Use Only

Envelope Number

Date Processed

Information on this page is ONLY for husband & wife OR a single adult.

1. HOUSEHOLD MAILING INFORMATION (How do you want your mail addressed from us?)

Title <input type="checkbox"/> Mr & Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. only <input type="checkbox"/> Mrs. only <input type="checkbox"/> _____			
First Name		Last Name	
Street Address			
City	State	Zip	Moved into Parish (Month/Year)
Home Phone	Is this an unlisted number? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: All unlisted numbers will be kept confidential by the parish.</small>		E-mail Address:

2. INFORMATION for HEAD OF HOUSEHOLD (or SINGLE ADULT)

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F			
First Name		Initial	Last Name
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
IF PRESENTLY MARRIED:		Date of Marriage (Mo., Day, Year) ____/____/____	
Religious Practice <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing		Sacraments Received Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Birthdate (Mo., Day, Year) ____/____/____		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation
Place of Employment		Work Phone	Extension

3. INFORMATION for SPOUSE

First Name		Initial	Last Name
Religious Practice <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing		Sacraments Received Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Birthdate (Mo., Day, Year) ____/____/____		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation
Place of Employment		Work Phone	Extension

4. Please include any additional information you think would help us serve you better:

Please complete additional information on reverse side. Thank you!

5. This section is only for CHILDREN or other Adults living at home.

Adult children should register on their own. If there are no children in the household, please go to Section 6.

(For Sacraments received, please indicate date.)

First Name (and Last Name, if different)	Birthdate M/D/Y	Sex M/F	Baptism	1st Communion	Penance	Confirmation	School (Name)	Grade

6. Interests or Involvements

Use one column for each individual. Print name at top of column.

Names → _____

Lector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eucharistic Minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altar Server	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knights of Columbus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altar & Rosary Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.C.I.A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Talents and Skills

Use one column for each individual. Print name at top of column.

Names → _____

Compter Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you plan to use our parish school? 9. In your future do you plan to use St. Pius X High School?

- a. Infant Care _____
- b. Pre-school _____
- c. Grade school K-5 _____
- d. Middle school 6-8 _____

Yes No