

ST. PETER CLAVER PARISH REGISTRATION

DATE _____

PLEASE PRINT

HEAD OF HOUSEHOLD

Mr. ___ Mrs. ___ Miss ___ Ms. ___

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Primary Phone : _____ Work Phone: _____

Nationality: _____ Occupation: _____

Maiden Name: _____ Birth Date: _____ Religion: _____

Sacraments	Rec'd (Y/N)	Church	City/State
Baptism			
First Communion			
Confirmation			

Marriage: _____
(Date) (Church/City/State)
 (Separated ___ Widowed ___ Divorced ___)

Number in Family: _____ Home Language: _____

Would you like to receive envelopes? Yes ___ No ___ Online Giving ___ Other ___

SPOUSE

Mr. ___ Mrs. ___ Miss ___ Ms. ___

Last Name: _____ First Name: _____ M.I. _____

Email: _____

Primary Phone: _____ Work Phone: _____

Nationality: _____ Occupation: _____

Maiden Name: _____ Birth Date: _____ Religion: _____

Sacraments	Rec'd (Y/N)	Church	City/State
Baptism			
First Communion			
Confirmation			

