Envelope Number _____

St. Paul Catholic Church, Athens, AL
Parishioner Registration Form

PLEASE BRING TO THE CHURCH OFFICE (Call 256-232-4191)

Family Name: _____ Date Registered _____
(Last Name Only) (Today's Date)

Mailing Address: _____ Home Phone: _____
(Street, Number, Apartment, P.O. Box)

_____ E-mail: _____
(City, State, Zip)

Name and Address of Previous Church: _____

Would you like your house blessed? _____ Would like to receive One Voice? _____ Do you want envelopes _____

	Adult 1 (Head of Household)	Adult 2 (Spouse)
First Name		
Last Name (If different from Family Name):		
Maiden/Birth Name:		
Gender: M/F		
Birth Date: (mm/dd/yyyy)		
Work/Business Phone:		
Cell Phone:		
Active/Religious Education:		
Marital Status: Single Married Widowed Divorced		
Baptized (YES or NO):		
Reconciliation (YES or NO):		
First Communion (YES or NO):		
Confirmation (YES or NO):		
Married (YES or NO):		
Date of Marriage (mm/dd/yyyy):		
Place of Marriage:		

Others living with you (i.e. Children, Parents, Relatives, Friends)

	Person 1	Person 2	Person 3	Person 4	Person 5
First Name:					
Last name:					
Gender: M/F					
Relationship:					
Birth Date: (mm/dd/yyyy)					
Work/Business Phone #:					
Cell Phone:					
Special Needs:					
Active/Religious Education:					
Baptized (YES or NO):					
Reconciliation (YES or NO):					
Holy Communion (YES or NO)					
Confirmation (YES or NO):					
Married (YES or NO):					