

**St. Paul the Apostle Parish  
Registration Form**

**330-542-3466**

[parish133@youngstowndiocese.org](mailto:parish133@youngstowndiocese.org)



Date Completed:

\_\_\_\_\_

**For Office use only:**

Parish Soft \_\_\_\_\_

Pastor \_\_\_\_\_

Rel. Ed. \_\_\_\_\_

**IMPORTANT: THE INFORMATION YOU PROVIDE WILL BE FOR CHURCH USE ONLY**

Please **PRINT** providing full names and complete as many dates as you can.  
Please complete page 2 for **Dependent children living in Household**

(Mr. & Mrs. / Mr. / Mrs. / Ms. / Miss) and FAMILY LAST NAME

**ENVELOPE NUMBER**

**PHYSICAL & MAILING ADDRESS / APT NO.**

**MAILING ADDRESS (if different)**

City/State/Zip

City/State/Zip

E-mail address:

Cell Phone:

Home Phone :

Cell Phone:

**Marital Status:** Single  Married  Separated  Divorced  Widowed

**Married by (if married)** Catholic Priest  Minister  Judge

**Date of Marriage:** \_\_\_\_\_ **Place of Marriage:** \_\_\_\_\_

**Mass Attendance:** Daily  Weekly  Monthly  Holidays

Please Complete for Both (if any)	HEAD OF HOUSEHOLD	SPOUSE/ ...
First Name		
Middle Name		
Last Name <b>(and Maiden Name)</b>		
Gender (Male or Female)		
Date of Birth (mm/dd/yyyy)		
Place of Birth		
Baptized (if Yes - DATE)		
Church of Baptism		
Reconciliation (if Yes - DATE)		
First Communion (if Yes - DATE)		
Confirmation (if Yes - DATE)		
Occupation (indicate if retired)		
Occupational Skills / Talents <i>(willing to offer to the parish)</i>		
Special Needs (if any)		

Previous Parish (if any) - *(Parish Name and Address)*

**REGISTRATION FORM FOR DEPENDENT CHILDREN LIVING IN HOUSEHOLD**

If there are more than 6 children, please request additional form or make a copy.

Children over **age of 21** should register separately

	<b>First Child</b>	<b>Second Child</b>	<b>Third Child</b>
First Name			
Middle Name			
Last Name			
Gender (Male or Female)			
Place of Birth			
Date of Birth (mm/dd/yyyy)			
Baptized (Date)			
Place of Baptism			
Reconciliation (Date)			
First Communion (Date)			
Confirmation (Date)			
School Attending			
Current Grade			
Special Needs (if any)			
Religious Education at:			

	<b>Fourth Child</b>	<b>Fifth Child</b>	<b>Sixth Child</b>
First Name			
Middle Name			
Last Name			
Gender (Male or Female)			
Place of Birth			
Date of Birth (mm/dd/yyyy)			
Baptized (Date)			
Place of Baptism			
Reconciliation (Date)			
First Communion (Date)			
Confirmation (Date)			
School Attending			
Current Grade			
Special Needs (if any)			
Religious Education at:			