

St. Paul the Apostle Catholic Church

Parishioner Registration Form



Date: _____ Parishioner #: _____
 Last Name: _____ First Name(s): _____
 Address: _____ Home Phone : _____
 City: _____ State; _____ ZIP: _____ His Cell Phone: _____
 Family Email: _____ Her Cell Phone: _____
 Permission to Publish:
 Address __ Phone#'s __ Email __ in Parish Directory Emergency Contact: _____
 Preferred Method of Contact: Home __ Cell __ Txt __ Email__ Emergency Phone: _____

INDIVIDUAL MEMBER INFORMATION

First Name: _____ Maiden: _____ Maiden: _____
 Date of Birth, Gender: _____ Male __ Female __ _____ Male __ Female __
 First Language: _____
 Occupation: _____
 Work Phone: _____
 Email: _____

Marital Status: (Single or Married, Widowed, Separated, or Divorced, Annulled) _____
 Valid Catholic Marriage? Yes __ No __

FAMILY SACRAMENTAL INFORMATION

First Name	Relationship Son, Daughter, Parent	Date of Birth MM/DD/YY	Religion	Baptism Circle One	First Reconciliation Circle One	First Eucharist Circle One	Confirmation Circle One
	Head of Household			Y or N	Y or N	Y or N	Y or N
	Spouse			Y or N	Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N	Y or N

Would you like to contribute through traditional envelope giving? _____
 How frequently do you want to contribute? Weekly _____ Monthly _____ Other _____
 Another option is online giving: www.saintpaulapostlechurch.org