Office Number: _____

Saint Paul Catholic Church Registration

(This information is to be used ONLY by St. Paul and the Diocese of Pueblo)

Date Registered: _____

Adult Male

Last Name: _____ First Name: _____

Date of Birth: _____ Religion: _____

Occupation (Current or Past): _____

Work Phone: _____ Cell Phone: _____

Sacraments Received:

☐ Baptism ☐ Confirmation ☐ 1st Communion ☐ Reconciliation

Church where Baptized: _____

City / State: _____

Adult Female

Last Name: _____ First Name: _____

Maiden Name: _____

Date of Birth: _____ Religion: _____

Occupation (Current or Past): _____

Work Phone: _____ Cell Phone: _____

Sacraments Received:

☐ Baptism ☐ Confirmation ☐ 1st Communion ☐ Reconciliation

Church where Baptized: _____

City / State: _____

Address: _____ Zip: _____ Home Phone: _____ Email: _____

Marital Status (Check one): ☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

If Married: Wedding Anniversary Date _____ ☐ Priest or Deacor ☐ Protestant Minister ☐ Justice of the Peace

☐ Other: _____

Children Living in Household

First Name	Last Name (if different)	Date of Birth	Baptism	1st Communion	Confirmation