## PARISH REGISTRATION FORM

	Today's Date		Office Use					_	
	HOUSEHOLD MAILING Example: Mr and Mrs John Smith	HOUSEHOLD MAILING NAME:  Example: Mr and Mrs John Smith or Mr John Smith and Mrs Jane Jones-Smith or John and Jane Jones-Smith							
Ss. Peter & Pa Jesuit Churc	St	reet			Apartr	ment N	lumbei	 r	
		City		State	Zip				
If applicable please p	provide dates for alternate mailing ad	ldress:		_ to					
Alternate Address:	Street		City	State		 Zip			
									_
PRIM <i>A</i>	ARY CONTACT (ADULT #1)		A	DULT #2					
Name Date of Birth			Name Include maiden name if applicable  Date of Birth						
Religion			Policion						
If yes, Where? Communion YE If yes, Where?	S NOS NO		If yes, Where? Communion If yes, Where?  YES NO						
Primary Phone number			Primary Phone number _						
Other Phone number	er		Other Phone number _						
Email		_	Email						
If you are <b>not</b> willing to rec	eive electronic communications please check here		If you are <b>not</b> willing to receive elect	tronic communica	tions please che	eck h	ere [		
MARITAL STATUS	3		MINOR CUIL DI	DEN /If opp	liaahla)				
Cinale			MINOR CHILDREN (If applicable)  Child's Name						
Married Divorced Widowed Separated	arried in Catholic Church? $\Box$ Yes $\begin{bmatrix} g \\ la \end{bmatrix}$		se list name, birth date and der. If child has a different name, please indicate their name.	Date of Birth	Gender	Baptism	Communion	Confirmation	RCIA
Other		Pleas	se indicate if sacraments are	complete.		Coı	nple	eted	1?
				1 1	M F	П	T	T	
GIVING: ENVELOPES or ONLINE (circle one)  Note: Envelopes are mailed to the primary address four				/ /	M F	$\parallel$	1	$\dagger$	
times a year.				/ /	M F				
	notographs in which I and/or my child(rer n. This may include use in print and elect				ons activities	s by	Ss.	Pe	ter

Printed name: \_\_ \_\_\_\_\_ Signature: \_\_