

St. Peter's Catholic Church Parish Registration Form

Family Last Name: _____ Address: _____ Telephone: _____

City, State, Zip: _____ Date: _____

	Head of Household		Spouse		Child at Home #1		Child at Home #2		Child at Home #3		Child at Home #4		Child at Home #5	
First Name														
Last Name														
Maiden Name														
Marital Status	Single Married Widow/Widower Separated Divorced		Single Married Widow/Widower Separated Divorced											
Religion **														
Handicap														
Languages spoken in the home other than English														
Occupation														
Workplace & Phone Number														
School														
Grade														
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Date of Birth MM/DD/YY														
Baptized	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 st Reconciliation	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 st Communion	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Confirmation	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

** If Spouse is non-Catholic, would you prefer to have their name included on all parish information? Yes No

Would you like to receive our Diocesan Newspaper, The Catholic Herald? Yes No

SEE VOLUNTEER OPPORTUNITIES ON WEB SITE

www.stpetersofmadison.org