

ST. PAUL PARISH REGISTRATION CARD

FOR OFFICE USE ONLY

OSV: _____ Card: _____

Envelope No. _____

Date Entered: _____

Last Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Tel. No.: _____ Listed: _____ Unlisted: _____

Head of Household: _____ Date of Birth: _____

(First)

(Middle-Initial or Maiden Name)

(Month-Day-Year)

Occupation: _____ Employed By: _____ Work No.: _____

Religion: _____

Sacraments received :

_____ Baptism _____ First Eucharist _____ Confirmation

Education: _____ High School _____ College _____ Other

Spouse: _____ Date of Birth: _____

(First)

(Maiden Name)

(Month-Day-Year)

Occupation: _____ Employed By: _____ Work No.: _____

Religion: _____

Sacraments received:

_____ Baptism _____ 1st Communion _____ Confirmation

Education: _____ High School _____ College _____ Other Family email: _____

Marital Status: _____ Single _____ Married _____ Widow/Widower _____ Divorced

Married By: _____ Priest _____ Minister _____ Other Date of Marriage: _____

Children at Home? _____ Yes _____ No If yes, please list below:

Full Name	Birthdate (Mon/Day/Yr)	M/F	Baptism	1st Euch.	1st Recon.	Conf.	School & Grade

Attends Religious Education? _____ Yes _____ No

Any immediate needs? _____

Would you like to volunteer and become involved at St. Paul? _____

Are you St. Paul School parents? _____ Yes _____ No

Comments: _____