Welcome to St. Peter's Catholic Church

Please fill out this form to become a registered parishioner.

Office Use:

Date _____ **Envelope Box #** _____

Family Surname _____ **Phone (Home)** _____

Phone (Cell 1) _____

Address _____ **Phone (Cell 2)** _____

City & State _____ **Zip** _____

E-Mail Address _____

E-Mail Address _____

Where did you move from? _____

First names of household members	Gender	Religion	Place of Birth	Date of Birth	Date of Baptism	Date of 1st Eucharist	Date of Confirmation	Present School	Grade

Household Wage Earners:

Name _____ **Firm** _____

Position _____

Name _____ **Firm** _____

Position _____

Special skills you can share with our community: _____

_____

_____