Saint Peter Catholic Church Registration Form

***~please print***

**Office Use: Date Envelope Box #**

**Family Surname Phone (Home)**

**Husband (Cell)**

**Address Wife (Cell)**

**City & State** ☐ **please check box if you would like information**

**Zip**  **about Saint Peter Catholic School**

**E-Mail Address**

**E-Mail Address**

**What Parish did you move from?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family**  **Members** | **Gender** | **Religion** | **Place of**  **Birth** | **Date of**  **Birth** | **Date/Place**  **Baptism** | **Date/Place**  **Communion** | **Date/Place**  **Confirmation** | **Present**  **School**  **& Grade** |
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**Employment:**

**Name Firm**

**Position**

**Name Firm**

**Position**

***Special areas of interest or ministries you are interested in serving on:***