

Saint Peter Catholic Church Registration Form

~please print

Date _____

Office Use:
Envelope Box # _____

Family Surname _____

Phone (Home) _____

Husband (Cell) _____

Address _____

Wife (Cell) _____

City & State _____

please check box if you would like information about Saint Peter Catholic School

Zip _____

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

Employment:

Name _____ Firm _____

Position _____

Name _____ Firm _____

Position _____

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