

St. Patrick Catholic Church



REGISTRATION FORM

St. Patrick welcomes you in the Lord's name, so whether long-time residents or newly arrived to St. Patrick Parish. There are many benefits to being registered in this parish and your registration enables St. Patrick to better serve you.

Parish Registration Number:	Date Registered:
Family Last and Full Name: _____	
How do you want your mailing label addressed? (Please Circle One) Mr. / Mrs. / Mr. & Mrs. / Ms. / Dr. / other _____	
Home Address: _____ City, State: _____ Zip Code: _____	
Home Phone: (____) _____ Cell Phone: (____) _____	
Email: _____	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married, in Catholic Church <input type="checkbox"/> Married, not in Catholic Church <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Married, in the Catholic Church	
<ul style="list-style-type: none">• Marriage Date: _____• Wedding Church: _____• Place of Wedding (City, State) : _____	
Married, not in Catholic Church	
<i>There is a process called "Convalidation" to bring your marriage into the Catholic Church because Civil Marriage is not considered valid in the Catholic Church.</i>	
<ul style="list-style-type: none">• I need information on Convalidation: <input type="checkbox"/> yes <input type="checkbox"/> no• I am currently in the process of Convalidation: <input type="checkbox"/>	

FAMILY MEMBERS TOTAL

(_____)

HEAD

First: _____

MI: _____

Last: _____

Date of Birth: _____

Place of Birth (City, State): _____

Occupation: _____

Current Religion: _____

SPOUSE

First: _____

MI: _____

Last: _____

Date of Birth: _____

Place of Birth (City, State): _____

Occupation: _____

Current Religion: _____

CHILD

First: _____

MI: _____

Last: _____

Sex: Male Female

Date of Birth: _____

Place of Birth (City, State):

Current School, Grade:

Lives at Home: Yes No

**Sacraments that you have already received
(Circle all that apply):**

- BAPTISM
- FIRST COMMUNION
- CONFIRMATION
- MARRIAGE
- NONE

CHILD

First: _____

MI: _____

Last: _____

Sex: Male Female

Date of Birth: _____

Place of Birth (City, State):

Current School, Grade:

Lives at Home: Yes No

**Sacraments that you have already received (Circle
all that apply):**

- BAPTISM
- FIRST COMMUNION
- CONFIRMATION
- MARRIAGE
- NONE

First: _____

MI: _____

Last: _____

Sex: Male Female

Date of Birth: _____

Place of Birth (City, State): _____

Current School, Grade:

CHILD

Lives at Home: Yes No

**Sacraments that you have already received
(Circle all that apply):**

- BAPTISM
- FIRST COMMUNION
- CONFIRMATION
- MARRIAGE
- NONE