



Date Received: \_\_\_\_\_  
Parish ID: \_\_\_\_\_

**Welcome to Saint Patrick Parish!**  
Our vision is to be a welcoming community of disciples growing together through the sacraments and service to others. Together, we will be a more joy-filled place of worship and continue to be a light for the surrounding communities.

**PARISH REGISTRATION FORM**

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

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Husband Or Male Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Nick Name \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Marital Status:

- Single    Engaged    Married    Separated    Divorced    Widowed    Annulled

Sacraments Received:

- Baptism    Communion    Confirmation

Mass Attendance:

- Weekly    Occasionally    Daily

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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Wife Or Female Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Nick Name \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Marital Status:

- Single    Engaged    Married    Separated    Divorced    Widowed    Annulled

Sacraments Received:

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Mass Attendance:

- Weekly    Occasionally    Daily

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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Were you married in the Catholic Church, or, was a Roman Catholic Priest or Deacon present as a witness at your wedding?    Yes    No

Date Of Marriage: \_\_\_\_\_

City, State \_\_\_\_\_

Name Of Church (If Applicable) \_\_\_\_\_

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*If You Live Alone And Would Like To Give An Emergency Contact, Please Complete:*

Next Of Kin \_\_\_\_\_ Address & Phone # \_\_\_\_\_



**Children Over 21, Or Other Adults Living In Same Home, Complete A Separate Form**  
If more space is needed, please use an additional sheet of paper.

**Children Under 21**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Male/Female) D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education (PREP/CCD) Level Completed (If Any) \_\_\_\_\_

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

*Please Enter Dates If Known*

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Male/Female) D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education (PREP/CCD) Level Completed (If Any) \_\_\_\_\_

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

*Please Enter Dates If Known*

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Male/Female) D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education (PREP/CCD) Level Completed (If Any) \_\_\_\_\_

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

*Please Enter Dates If Known*

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**Is there anything else you'd like to share with us?**

*Thank you for completing your parish registration! Within the next two weeks, you will receive a welcome packet with some information about St. Patrick Parish. If you have any questions or would like to get involved in parish life right away, please call the Parish Office at 610-647-2345. We look forward to meeting you and seeing you soon!*