

**PARISH OF ST. PATRICK**

**PARISH REGISTRATION FORM**

FOR OFFICE USE      FAMILY NAME \_\_\_\_\_      EMAIL \_\_\_\_\_  
 REG. #      ADDRESS \_\_\_\_\_  
 DATE      POSTAL CODE \_\_\_\_\_      PHONE NO. \_\_\_\_\_      REQUIRE ENVELOPES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 REGISTERED      ELECTRONIC FUNDS TRANSFER? \_\_\_\_\_ YES \_\_\_\_\_ NO

**CHURCH ATTENDANCE** (Circle which applies):    REGULAR      FREQUENT      OCCASIONAL      SELDOM  
**MARITAL STATUS** (Circle which applies):    MARRIED    SINGLE    COMMON-LAW    WIDOWED    DIVORCED    SEPARATED  
 If married, were you married in the Roman Catholic Church?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

	ADULT	ADULT		CHILD	CHILD	CHILD	CHILD
LAST NAME			LAST NAME				
FIRST NAME			FIRST NAME				
MIDDLE NAMES							
MAIDEN NAME							
RELIGION			RELIGION				
LANGUAGE(S)			LANGUAGE(S)				
OCCUPATION			SCHOOL				
DAYTIME PHONE							
CELL PHONE							
GENDER			GENDER				
FAMILY RELATIONSHIP							
DATE OF BIRTH			DATE OF BIRTH				
BAPTIZED	Yes No	Yes No	DATE BAPTIZED				
1ST COMMUNION	Yes No	Yes No	1ST COMMUNION DATE				
CONFIRMATION	Yes No	Yes No	CONFIRMATION DATE				
MARRIAGE	Yes No	Yes No					
1ST CONFESSION	Yes No	Yes No	1ST CONFESSION DATE				
ANY HANDICAP?	Yes No	Yes No	ANY HANDICAP?				

REMARKS, COMMENTS, OTHER INFORMATION: