ST. PETER CLAVER PARISH REGISTRATION FORM

All information in this form is for Parish Use Only and will be kept Confidential.

Mass most often attended (check one)

□ Saturday 5 pm
□ Saturday 7 pm
□ Sunday 9 am
□ Sunday 11 am
□ Sunday 1 pm

*****DO NOT WRITE INSIDE THIS BOX*****

PARISH #: _____

Envelopes Ordered: □ Yes □ No

Date sent to Diocese :

Staff Initials:

DATE: _____

Family Name: _____ E-Mail Address: _____

Address: _____ Cell/Emergency Phone: _____

Mailing address _____ _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ ☐Unlisted His Work Phone: _____ Her Work Phone: _____

Was your marriage a ☐Catholic ☐Non-Catholic ☐Civil Ceremony? Date_____

If you were originally married outside the Church, was your marriage later convalidated? □Yes □No

Please check if your prefer to donate by:

☐Weekly Envelopes OR ☐ None

PERSONAL INFORMATION								CATHOLIC SACRAMENTAL INFORMATION			
	Full Name	**Date of Birth**	Gender M/F	**Occupation**	**Grade in School**	Ethnicity	Language(s) Spoken	Baptized Y/N (If non-Catholic, List Faith)	First Communion Y/N	Confirmed Y/N	Marital Status S/M/W/D
Head of Household:											
Spouse (maiden name)											
Children:											
(List only those living at this Address)											