

**ST. PETER PARISH
REGISTRATION FORM
(1/10/2020)**

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|---|
| PARISH OFFICE USE ONLY: ACS Updated: _____ Folder Provided By: _____ |
|---|

Envelope Number: _____

| | | | | | |
|---|---|---|---------------------------|--|--|
| Today's Date: | | | | | |
| HEAD OF HOUSEHOLD INFORMATION | | | | | |
| Head of Household's Last Name: | | First Name: | | Middle Name: | |
| | | | | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | |
| Street Address: | | | City: | State: | Zip: |
| Maiden Name: | | Gender: | Email: | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Marital Status: | | Birthdate: | Cell Phone No: | Home Phone: | |
| <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Church Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Widowed | | | () | () | |
| | | Church of Marriage: | City & State of Marriage: | Date of Marriage: | |
| Religion: | | Sacraments Received: | Church of Baptism: | Date of Baptism: | |
| | | <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | (If Known) | (If Known) | |
| Church of 1 st Communion: | Date of 1 st Communion: | Church of Confirmation: | Date of Confirmation: | | |
| (If Known) | (If Known) | (If Known) | (If Known) | | |
| SPOUSE INFORMATION | | | | | |
| Last Name: | | First Name: | | Middle Name: | Maiden Name: Gender: |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: | | Email: | | |
| | () | | | | |
| Religion: | Sacraments Received: | | Church of Baptism: | Date of Baptism: | |
| | <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | (If Known) | (If Known) | |
| Church of 1 st Communion: | Date of 1 st Communion: | Church of Confirmation: | Date of Confirmation: | | |
| (If Known) | (If Known) | (If Known) | (If Known) | | |
| CHILDREN INFORMATION | | | | | |
| Please complete the reverse side for children in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Registration Form. | | | | | |
| ADDITIONAL INFORMATION | | | | | |
| Comments: | | | | | |
| | | | | | |

Please complete and mail in or return during regular office hours to:
 St. Peter Parish Office, 35777 Center Ridge Rd, N. Ridgeville, OH 44039
 This form can also be returned via the Collection Basket
 or email to parishoffice@stpetermr.org

ST. PETER PARISH REGISTRATION FORM

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| CHILDREN INFORMATION | | | |
|---|--|---------------------------------------|---|
| Please complete the below for each child in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Registration Form. If more than 3 children, please attach a separate sheet. | | | |
| CHILD #1: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |
| CHILD #2: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |
| CHILD #3: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |

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