Rev. 9/25/2025

SS. PETER AND PAUL PARISH REGISTRATION FORM

FAMILY LAST NAME: _____

ADDRESS: _____ **CITY** _____ **ZIP** _____ **HOME PHONE:** _____

EMAIL ADDRESS (1): _____ **EMAIL ADDRESS (2):** _____

ADULT

FIRST NAME: _____
MIDDLE NAME: _____
MAIDEN NAME: _____

BIRTH DATE: _____
SEX: M___ F___
RELIGION: _____

SACRAMENTS:
___ Baptism
___ Penance
___ Eucharist
___ Confirmation
___ Matrimony

MARITAL STATUS:
___ Single
___ Married
___ Divorced
___ Annulled
___ Widowed
___ 2nd Marriage

OCCUPATION
_____
_____
CELL PHONE: _____
WORK PHONE: _____

IF MARRIED
Type of Wedding:
___ Sacramental
___ Civil

Date: ___/___/___

Name of Church: _____ _____

City & State: _____ _____

ADULT

FIRST NAME: _____
MIDDLE NAME: _____
MAIDEN NAME: _____

BIRTH DATE: _____
SEX: M___ F___
RELIGION: _____

SACRAMENTS:
___ Baptism
___ Penance
___ Eucharist
___ Confirmation
___ Matrimony

MARITAL STATUS:
___ Single
___ Married
___ Divorced
___ Annulled
___ Widowed
___ 2nd Marriage

OCCUPATION
_____
_____
CELL PHONE: _____
WORK PHONE: _____

CHILD

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____

BIRTH DATE: _____
City / State: _____
SEX: M___ F___
RELIGION: _____

SACRAMENTS:
___ Baptism
Church of Baptism: _____
City / State: _____
___ Penance
___ Eucharist
___ Confirmation

SCHOOL INFORMATION:
School Attending: _____
Grade: _____

RELIGIOUS EDUCATION:
Attends:
Yes ___ No ___
Special Needs: _____

CHILD

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____

BIRTH DATE: _____
City / State: _____
SEX: M___ F___
RELIGION: _____

SACRAMENTS:
___ Baptism
Church of Baptism: _____
City / State: _____
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___ Confirmation

SCHOOL INFORMATION:
School Attending: _____
Grade: _____

RELIGIOUS EDUCATION:
Attends:
Yes ___ No ___
Special Needs: _____

***For additional family members, please continue on back.**

***If there are other adult members in the household, please use a separate registration form for them.**

VOLUNTEER OPPORTUNITIES

*** Liturgical Roles** *(Please indicate which family member with initials):*

_____ Welcome Minister
_____ Usher
_____ Lector
_____ EMHC
_____ Rosary Leader *(before Mass)*
_____ Altar Boy
_____ Sunday Hospitality *(serve donuts after Mass)*
_____ Choir
_____ Cantor
_____ Organist

*** Mass Preference:** __*4:00pm* __*9:00am* *(if able to volunteer in a Liturgical Role)*

*** Interests** *(Please indicate which family member with initials):*

_____ Adoration
_____ Blessed Virgin's Rosary Ministry (BVRM)
_____ Building & Grounds
_____ EMHC for Homebound
_____ Knights of Columbus
_____ Office Help
_____ Prayer Ministry
_____ Finance
_____ Working with Youth
_____ Teaching Faith Formation

For Office Use:

Date Joined: _____
DB: ___ Env #: ___
SPP Funeral Comm: # ___/__
SPP KC's: __
Bulletin: ___ Flocknote: ___
Adoration Committee: __ Appt.: ___

SS. PETER AND PAUL PARISH REGISTRATION FORM

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FIRST NAME: _____

MIDDLE NAME: _____

BIRTH DATE: _____

City / State: _____

SEX: M___ F___

RELIGION: _____

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Church of Baptism: _____
City / State: _____
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___ Confirmation

SCHOOL INFORMATION:
School Attending: _____
_____
Grade: _____

RELIGIOUS EDUCATION:
Attends:
Yes ___ No ___
Special Needs: _____
_____
_____
_____

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FIRST NAME: _____

MIDDLE NAME: _____

BIRTH DATE: _____

City / State: _____

SEX: M___ F___

RELIGION: _____

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Grade: _____

RELIGIOUS EDUCATION:
Attends:
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Special Needs: _____
_____
_____
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BIRTH DATE: _____

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Grade: _____

RELIGIOUS EDUCATION:
Attends:
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Special Needs: _____
_____
_____
_____

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BIRTH DATE: _____

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Special Needs: _____
_____
_____
_____