

DATE: \_\_\_/\_\_\_/\_\_\_

# REGISTRATION FORM

ENVELOPE # \_\_\_\_\_

\_\_\_\_\_ SS. PETER & PAUL

\_\_\_\_\_ ST. MARY BURNSIDE

\_\_\_\_\_ SACRED HEART, BROWN CITY

LAST NAME \_\_\_\_\_ HOME #: ( ) \_\_\_\_\_ CELL #: ( ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

*Would you like to speak with a priest?* Husband: Yes \_\_\_ No \_\_\_ Wife: Yes \_\_\_ No \_\_\_

First Name	Birth Date	Occupation	Baptism	Religion
Husband			Date: Church: City/State:	
Wife (Maiden Name)			Date: Church: City/State:	

Present Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed  
If Married: Date: \_\_\_\_\_ Church/Place: \_\_\_\_\_ City/State: \_\_\_\_\_

Husband currently attends Mass: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Occasionally \_\_\_ Inactive \_\_\_ Homebound  
Wife currently attends Mass: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Occasionally \_\_\_ Inactive \_\_\_ Homebound

Would you be willing to volunteer in a ministry? Husband: Yes \_\_\_ No \_\_\_ Wife: Yes \_\_\_ No \_\_\_  
If so, please specify: \_\_\_\_\_

## CHILDREN LIVING AT HOME

First Name	Middle Name	Sex	Birth Date	Religion	Baptism	1st Communion	Confirmation	FF Grade
					Date: Church:	Date: Church:	Date: Church:	
					Date: Church:	Date: Church:	Date: Church:	
					Date: Church:	Date: Church:	Date: Church:	
					Date: Church:	Date: Church:	Date: Church:	

Office Use: \_\_\_ Bulletin \_\_\_ PDS \_\_\_ OSV \_\_\_ EFT (SSPP only) \_\_\_ Welcome Packet \_\_\_ Welcome Committee \_\_\_ CSA \_\_\_ St. Martha Luncheon Ministry