

**St. Peter the Apostle Family Registration Form**

**Family Registration**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Years in Parish: \_\_\_\_\_

Family ID#: \_\_\_\_\_

Mailing Preference: *English/ Spanish*

Family Name

Head: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_ Suffix: \_\_\_\_\_

Spouse: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_ Suffix: \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Status: *Married / Separated / Divorced / Widowed / Single*

Family Residence: *Tenant/ Owner*

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ *Home / Office / Cell/ Other* Unlisted? *Yes / No*

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ *Home / Office / Cell/ Other* Unlisted? *Yes / No*

Email: \_\_\_\_\_ Send Email? *Yes / No*

Mailing Address (if different)

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date range you expect to be at this address: From : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Address Remarks: \_\_\_\_\_

List only those living with you (include last name if different).

Self: \_\_\_\_\_

Others Living With You:

Relationship :

Spouse: \_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Member Registration**

Member Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Title: *Mr. / Mrs. / Ms. / Miss / Other:* \_\_\_\_\_

Suffix: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Personal Information:

Relationship: *Self/ Spouse/ Child/ Other:* \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: *Married / Separated / Divorced / Widowed / Single*

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade/ Degree: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

Occupation: \_\_\_\_\_ Disability: \_\_\_\_\_

Location: \_\_\_\_\_ Homebound due to: *aging /illness / physical disability/ mental disability*

I am interested in having a home visit. *Yes/ No*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: *Home / Cell/ Office/ Other:* \_\_\_\_\_ Unlisted: *Yes/ No*

Email: \_\_\_\_\_ Prefer Email? *Yes / No*

Remarks: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Father: \_\_\_\_\_ Birth Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Baptism: Status : *Yes/ No* Date \_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_

First Communion: Status : *Yes/ No* Date \_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_

Confirmation: Status : *Yes/ No* Date \_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_

Marriage: Status : *Yes/ No* Date \_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_

I am interested in receiving my sacraments. Please contact me. *Yes / No*

I am interested in the priesthood or religious life. Please contact me. *Yes/ No*

Mass Attendance: *Regular / Occasional/ Homebound*

I am involved with the following church societies/ministries: *Altar Server/ Usher/ Hospitality/ Lector/ Eucharistic Minister/ Choir/ Sacred Heart/ Legion of Mary/ Charismatic Prayer Group/ Other: \_\_\_\_\_*

I would like to volunteer for the following ministries: \_\_\_\_\_  
\_\_\_\_\_