

ST. PAUL PARISH REGISTRATION CARD

FOR OFFICE USE ONLY
 Envelope No. _____
 Date Entered: _____

OSV: _____ Card: _____

Last Name: _____ Today's Date: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Tel. No.: _____ Listed: _____ Unlisted: _____

Head of Household: _____ Date of Birth: _____
(First) (Middle-Initial or Maiden Name) (Month-Day-Year)
 Occupation: _____ Employed By: _____ Work No.: _____
 Religion: _____ Sacraments received :
 _____ Baptism _____ First Eucharist _____ Confirmation
 Education: _____ High School _____ College _____ Other

Spouse: _____ Date of Birth: _____
(First) (Maiden Name) (Month-Day-Year)
 Occupation: _____ Employed By: _____ Work No.: _____
 Religion: _____ Sacraments received:
 _____ Baptism _____ 1st Communion _____ Confirmation
 Education: _____ High School _____ College _____ Other Family email: _____

Marital Status: _____ Single _____ Married _____ Widow/Widower _____ Divorced
 Married By: _____ Priest _____ Minister _____ Other Date of Marriage: _____

Children at Home? _____ Yes _____ No If yes, please list below:

Full Name	Birthdate (Mon/Day/Yr)	M/F	Baptism	1st Euch.	1st Recon.	Conf.	School & Grade

Attends Religious Education? _____ Yes _____ No
 Any immediate needs? _____
 Would you like to volunteer and become involved at St. Paul? _____
 Are you St. Paul School parents? _____ Yes _____ No
 Comments: _____