

OUR MOTHER OF SORROWS/ST. PETER THE APOSTLE PARISH REGISTRATION FORM

Envelope Number: _____

Family Name Phone Number Email Addresses:

Mailing Address (Street/P.O. Box)

City State Zip Code Street Address (911 address)

HOUSEHOLD DEMOGRAPHIC Please indicate number of family members living at your address in each age range:

66+ _____ 46 – 65 _____ 26 – 45 _____ 16 – 25 _____ 6 – 15 _____ 0 – 5 _____

FAMILY TYPE Please check one:

2-parent family with minor children _____ 1-parent family with minor children _____ 2 or more adults living at same address _____

Family with adult children at home _____ Individual residing alone _____ Married couple with no children at home _____

Other (Please describe) _____

ADULT HEADS OF HOUSEHOLD

Male

Name Birthday Age

Marital Status This is my _____ Married by a Priest? _____

_____ Married _____ 1st Marriage yes _____ no _____

_____ Single _____ 2nd Marriage yes _____ no _____

_____ Separated _____

_____ Divorced _____

_____ Widowed _____

_____ Annulled _____

Education

Highest Grade/Degree Completed: _____

Primary language spoken: _____

Baptized _____ Communion _____ Confirmation _____ Convert _____

Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____

Religion, if not Catholic: _____

Disability: Mental _____ Hearing impaired _____ Blind _____ Other _____

Employer Are you retired? Yes _____ No _____

Position/Type of Work: _____ Phone Number: _____

Female

Name Birthday Age

Marital Status This is my _____ Married by a Priest? _____

_____ Married _____ 1st Marriage yes _____ no _____

_____ Single _____ 2nd Marriage yes _____ no _____

_____ Separated _____

_____ Divorced _____

_____ Widowed _____

_____ Annulled _____

Education

Highest Grade/Degree Completed: _____

Primary language spoken: _____

Baptized _____ Communion _____ Confirmation _____ Convert _____

Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____

Religion, if not Catholic: _____

Disability: Mental _____ Hearing impaired _____ Blind _____ Other _____

Employer Are you retired? Yes _____ No _____

Position/Type of Work: _____ Phone Number: _____

Instructions for Completing this Form:

Please print neatly.

Fill in all the information as completely as possible.

All answers will be kept confidential

Return to the Parish office.

ALL OTHER MEMBERS LIVING IN YOUR HOUSEHOLD IF NOT REGISTERED SEPARATELY

Name (incl. last name if diff.)	Birthdate	M/F	Present School/Employer	Baptized	Communion	Confirmation	Disability
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes No	Yes No	Yes No	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes No	Yes No	Yes No	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes No	Yes No	Yes No	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes No	Yes No	Yes No	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes No	Yes No	Yes No	<input style="width: 100%;" type="text"/>