

♣ □ St. Patrick's / □ St. Anne's - Registration Form ♣

*If you are completing this form online, please save this document on your computer
and email your attachment to stpatsrectory@mchsi.com or stanneparish60964@gmail.com*

(Office Use Only) ENVELOPE #	Date of Reg.
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Family Last Name _____	Phone _____	Phone Listed? _____
Address _____	City _____	Special Needs _____
Email address _____	Zip _____	_____

First Name - Head of Household	Religion _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
_____	_____	Place of Marriage _____		Date _____	
Birthdate _____	Special Needs _____	Volunteer Ministry _____			
Occupation _____	_____	Special Talents _____			
Baptism Date & Church (city) _____		Communion Date & Church (city) _____			
Confirmation Date & Church (city) _____		_____			

Spouse (please indicate if this person should not receive mailings)

First Name _____	Religion _____	Baptism Date & Church (city) _____	Confirmation Date & Church (city) _____
Maiden Name _____	_____	_____	_____
Birthdate _____	Occupation _____	Volunteer Ministry _____	Communion Date & Church (city) _____
_____	_____	_____	Marriage church/city/state _____

Full Name of <input type="checkbox"/> Child <input type="checkbox"/> Other	Religion _____	Sacraments:	Date _____	Church/City/State _____
_____	_____	Baptism	_____	_____
Birthdate _____	School _____	Special Needs _____	Communion _____	_____
_____	_____	_____	Confirmation _____	_____

Full Name of <input type="checkbox"/> Child <input type="checkbox"/> Other	Religion _____	Sacraments:	Date _____	Church/City/State _____
_____	_____	Baptism	_____	_____
Birthdate _____	School _____	Special Needs _____	Communion _____	_____
_____	_____	_____	Confirmation _____	_____

Full Name of <input type="checkbox"/> Child <input type="checkbox"/> Other	Religion _____	Sacraments:	Date _____	Church/City/State _____
_____	_____	Baptism	_____	_____
Birthdate _____	School _____	Special Needs _____	Communion _____	_____
_____	_____	_____	Confirmation _____	_____

Full Name of <input type="checkbox"/> Child <input type="checkbox"/> Other	Religion _____	Sacraments:	Date _____	Church/City/State _____
_____	_____	Baptism	_____	_____
Birthdate _____	School _____	Special Needs _____	Communion _____	_____
_____	_____	_____	Confirmation _____	_____