

DATE: ____/____/____

REGISTRATION FORM

ENVELOPE # _____

____ SS. PETER & PAUL

____ ST. MARY BURNSIDE

____ SACRED HEART, BROWN CITY

LAST NAME _____ HOH CELL #: () _____ SPOUSE 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/other Sacraments
First Name (formal & preferred) Head of Household	____/____/____		Date: Church: Celebrant: City/State/Zip Code:	
First Name (formal & preferred) Spouse (Maiden)	____/____/____		Date: Church: Celebrant: City/State/Zip Code:	

Present Status: ____ Single ____ Married ____ Divorced ____ Separated ____ Widowed
 If Married: Date: ____/____/____ Church/Place: _____ City/State: _____ Celebrant _____

Head of Household currently attends Mass: ____ Weekly ____ Monthly ____ Occasionally ____ Inactive ____ Homebound
 Spouse currently attends Mass: ____ Weekly ____ Monthly ____ Occasionally ____ Inactive ____ Homebound

Would you be willing to volunteer in a ministry? Head of Household: Yes ____ No ____ Spouse: Yes ____ No ____
 If so, please specify: _____

CHILDREN LIVING AT HOME

(use back of form if additional space needed)

see back of form ____

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 ____ PS ____ OSV ____ EFT (SSPP only) ____ Welcome Packet ____ Flock note

Revised: 02/01/2023

____ Other _____ ____ Other _____