



**We Welcome
You
To
St Peter
Catholic Church**

REGISTRATION FORM - ST PETER CATHOLIC CHURCH 800 FOURTH AVE, STEVENS POINT, WI 54481



Please complete this form and return to the parish office at which time a welcome can be arranged with our Pastor. Thank you

Family Last Name: _____

Address: _____ City/Zip _____

Home _____ Cell _____

Email _____

Please check all that apply:

☐ Single Membership ☐ Family Membership ☐ Widow ☐ Widower ☐ Divorced ☐ Remarried

Married by priest? ☐ Yes ☐ No Marriage Date _____ Where _____

If divorced have you received an annulment ☐ Yes ☐ No

Is there any member of your household who would like to be visited by a priest? _____

SACRAMENTAL INFORMATION FOR A SINGLE OR FOR THE FAMILY MEMBERSHIP

Husband _____ (cross out "Husband" if single)

FIRST NAME

MIDDLE

LAST

Birth date ____/____/____ Religion _____ Hobbies _____

Sacraments Received:

☐ Baptism Date _____ Church/City/State _____

☐ Communion Date _____ Church/City/State _____

☐ Confirmation Date _____ Church/City/ State _____

Occupation _____ Employer _____

Education: ☐ High School ☐ College ☐ Technical School ☐ List degree/major _____

Wife _____

FIRST NAME

MIDDLE

(MAIDEN NAME)

Birth date ____/____/____ Religion _____ Hobbies _____

Sacraments Received:

☐ Baptism Date _____ Church/City/State _____

☐ Communion Date _____ Church/City/State _____

☐ Confirmation Date _____ Church/City/ State _____

Occupation _____ Employer _____

Education: ☐ High School ☐ College ☐ Technical School ☐ List degree/major _____

School attended(ing) _____

DEPENDENT CHILDREN STILL RESIDING AT HOME:

Please list the date, church name with city and state where the Sacraments were received for each child under their name. If enrolled in the SPACS system or in Religious Ed please check those boxes

FIRST

MIDDLE

LAST (if different from parents)

GENDER

DATE OF BIRTH

1. _____

☐ In Catholic School ☐ In Religious Ed ☐ Home Schooled

Baptized ☐ Yes ☐ No Date _____ Church/City/ State _____

First Communion ☐ Yes ☐ No Date _____ Church/City/State _____

Confirmation ☐ Yes ☐ No Date _____ Church/City/State _____

(Please turn over for other child or children)

Continued - DEPENDENT CHILDREN STILL RESIDING AT HOME:

| FIRST | MIDDLE | LAST (if different from parents) | GENDER | DATE OF BIRTH |
|---|--------|----------------------------------|--------|---------------|
| 2. _____ | | | | |
| <input type="checkbox"/> In Catholic School <input type="checkbox"/> In Religious Ed <input type="checkbox"/> Home Schooled | | | | |
| Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/ State _____ | | | | |
| First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| 3. _____ | | | | |
| <input type="checkbox"/> In Catholic School <input type="checkbox"/> In Religious Ed <input type="checkbox"/> Home Schooled | | | | |
| Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/ State _____ | | | | |
| First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| 4. _____ | | | | |
| <input type="checkbox"/> In Catholic School <input type="checkbox"/> In Religious Ed <input type="checkbox"/> Home Schooled | | | | |
| Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/ State _____ | | | | |
| First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| 5. _____ | | | | |
| <input type="checkbox"/> In Catholic School <input type="checkbox"/> In Religious Ed <input type="checkbox"/> Home Schooled | | | | |
| Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/ State _____ | | | | |
| First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| 6. _____ | | | | |
| <input type="checkbox"/> In Catholic School <input type="checkbox"/> In Religious Ed <input type="checkbox"/> Home Schooled | | | | |
| Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/ State _____ | | | | |
| First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Church/City/State _____ | | | | |

OTHER ADULTS LIVING IN YOUR HOME

After the age of 18, everyone is expected to register separately

List sacraments and where received below name

| FIRST | MIDDLE | LAST | GENDER | DATE OF BIRTH | RELATIONSHIP TO YOU: |
|----------|--------|------|--------|---------------|----------------------|
| 1. _____ | | | | | |
| _____ | | | | | |
| 2. _____ | | | | | |
| _____ | | | | | |

Office use only

Pastor's signature _____

Revised 6/2014

Date Received _____ Entered into Parish Soft _____ Envelope # _____

Saint Peter Catholic Church

800 Fourth Avenue, Stevens Point, Wisconsin 54481 (715) 344-6115

"Stewardship is the ability to share one's gifts of life, time, talents, and resources with others with no strings attached and no conditions." – the late Archbishop Thomas Murphy, Seattle

PLEDGE FORM

NAME: _____

STREET: _____ CITY, ZIP: _____

PHONE: _____

EMAIL: _____

STEWARDSHIP OF TREASURE

I/we (list names) _____
pledge to contribute \$_____ for the year

This contribution will be completed by giving:

☐ weekly ☐ monthly ☐ annually

SIGNATURE _____

STEWARDSHIP OF TIME AND TALENT

(If more than one person, please each of you pick your areas of interest and place your name by that interest)

1. LITURGICAL

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Altar server | <input type="checkbox"/> Extraordinary Communion Distributor |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Lector |

2. SPIRITUAL

- | | |
|---|---|
| <input type="checkbox"/> Vacation Bible Course (summer) | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Religious Education Program helper |
| <input type="checkbox"/> Communion to the homebound | |

3. SOCIAL

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Serve at coffee/socials | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Church picnic | |

4. SERVICE

- | | |
|---|---|
| <input type="checkbox"/> Arts/Crafts/Decorating | <input type="checkbox"/> Electrical and/or plumbing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Church cleaning |
| <input type="checkbox"/> Office help (daytime) | <input type="checkbox"/> Landscape/grounds upkeep |
| <input type="checkbox"/> Rides for the Elderly | |

5. COMMITTEES

- | | |
|---|---|
| <input type="checkbox"/> Faith Formation and Evangelization | <input type="checkbox"/> Sacred Worship |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Ministries and Social Concerns |
| <input type="checkbox"/> Buildings and Grounds | <input type="checkbox"/> Fundraising |

PLEASE FILL OUT THESE FORMS AND RETURN BY MAIL OR TO THE PARISH OFFICE PERSONALLY. PLEASE MAKE AN APPOINTMENT TO MEET WITH THE PASTOR (just call the office to make an appointment). THANK YOU AND GOD BLESS YOU FOR YOUR SUPPORT.