

# 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. \_\_\_\_\_  
 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 \_\_\_\_\_

3. \_\_\_\_\_  
 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 \_\_\_\_\_

4. \_\_\_\_\_  
 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 \_\_\_\_\_

5. \_\_\_\_\_  
 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 \_\_\_\_\_

6. \_\_\_\_\_  
 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 \_\_\_\_\_

**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 # _____