

PARISH USE ONLY
 ENV.# _____
 DATE REGISTERED
 ____/____/____

ST. PETER CATHOLIC CHURCH
 216 BROADWAY * JEFFERSON CITY, MISSOURI 65101 * (573) 636-8159
PARISH REGISTRATION FORM

DATE: _____

FAMILY (LAST) NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different) _____ Or P O BOX: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE () _____ - _____ CELL PHONE: () _____ - _____ UNLISTED

FAMILY EMAIL ADDRESS: _____

Publication Preferences

Do not publish my information in the Parish Directory. Do not publish my name / information in the bulletin / on the Parish website.

HEAD OF HOUSEHOLD

NAME (First / Middle / Maiden / Last): _____

DATE OF BIRTH: _____ GENDER: M F PREFERRED NAME: _____

MARITAL STATUS (Circle): Single Married Divorced Widowed Separated Remarried Cohabiting Religious

EMAIL: _____ CELL/PAGER: _____

EMPLOYER: _____ OCCUPATION: _____ RETIRED

RELIGION: _____ BUSINESS PHONE: _____ LANGUAGES: _____

SACRAMENTS RECEIVED (Circle): BAPTISM RECONCILIATION FIRST COMMUNION CONFIRMATION MARRIAGE

DATE / PLACE OF BAPTISM: _____

DATE / PLACE OF MARRIAGE: _____

SPOUSE / OTHER

NAME (First / Middle / Maiden / Last): _____

DATE OF BIRTH: _____ GENDER: M F PREFERRED NAME: _____

MARITAL STATUS (Circle): Single Married Divorced Widowed Separated Remarried Cohabiting Religious

EMAIL: _____ CELL/PAGER: _____

EMPLOYER: _____ OCCUPATION: _____ RETIRED

RELIGION: _____ BUSINESS PHONE: _____ LANGUAGES: _____

SACRAMENTS RECEIVED (Circle): BAPTISM RECONCILIATION FIRST COMMUNION CONFIRMATION MARRIAGE

DATE / PLACE OF BAPTISM: _____

DATE / PLACE OF MARRIAGE: _____

Please complete a section for each dependent child in the household. Children away at college should be listed. Children 23 years or older who are living on their own, in the home, or married are encouraged to register as a separate parish family. If you need additional space for children's information, please attach a separate piece of paper. Thank you!

DEPENDENT CHILD

NAME (First / Middle / Last): _____

DATE OF BIRTH: _____ GENDER: M F PREFERRED NAME: _____

SCHOOL ATTENDING: _____ GRADE / LEVEL: _____

SACRAMENTS RECEIVED (Circle): BAPTISM RECONCILIATION FIRST COMMUNION CONFIRMATION

DATE / PLACE OF BAPTISM: _____

DEPENDENT CHILD

NAME (First / Middle / Last): _____

DATE OF BIRTH: _____ GENDER: M F PREFERRED NAME: _____

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SACRAMENTS RECEIVED (Circle): BAPTISM RECONCILIATION FIRST COMMUNION CONFIRMATION

DATE / PLACE OF BAPTISM: _____

Thank you! We are so happy to have you as a member of St. Peter Parish family!