St. Patrick's Parish	OFFICE USE ONLY
Parish Registration Form	Date Input P/T:
 Velcome to St. Patrick's Parish.	Initials:
Date of Registration:	Envelope #:

## PLEASE PRINT ALL INFORMATION

Applicant:				Surname		
Spouse  Given Name			Surname (if different from above)			
Address:	ŧ	Street Name		Apt #		
City				Postal Code		
Phone #:	] Home 🗌 Cell	Business		Home Cell Business		
Email:						
Date of Marriage:				Church 🗌 civil		
Place of Marria (include name and	ge I location of church	)				
	Baptized R.C	C. Confi	rmed	Occupation		
Applicant	Yes	No 🗌 Yes	🗌 No			
Spouse	Yes	No 🗌 Yes	🗌 No			
Children (living <u>Name</u> (given name, surn			Date of E (dd/mm/y			
	tod in voluntoo	ing for any of t		n ministries (activities)		
Children's Lit		Eucharistic Minis		g ministries/activities? Lector  Music Ministry Youth Group		