

ST. PETER THE FISHERMAN REGISTRATION

PLEASE PRINT CLEARLY IN INK

ENVELOPE #: _____

TODAY'S DATE: ___/___/___

___ New Member ___ Updating Info

Family Name: _____

Marital Status: (circle one) M D S W

Primary Home Phone #: _____

Cell _____

Physical Address: _____

street city state, zip

Mailing Address: _____

street city state, zip

Email address: _____

Married in Catholic Church? ___Y___ N

Are you a fulltime parishioner? ___Y___ N

(If "no", months at this local residence": _____ to _____)

Check any ministries in which you would like to be involved:

- | | | | |
|--------------------------|------------|-----------------------------|-----------------|
| ___ Eucharistic Minister | ___ Lector | ___ Altar Server | ___ PREP |
| ___ Women of Grace | ___ Music | ___ K of C | ___ Food Pantry |
| ___ Prayer Chain | ___ Usher | ___ Bldg/Grounds Clean Team | |

Special Talents: _____

SIGNATURE: _____

Household Members	Head of Household	Spouse (maiden)	Child	Child	Child
First Name					
Last Name					
DOB	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
School/Grade					
Gender	M F	M F	M F	M F	M F
Baptism	Y N	Y N	Y N	Y N	Y N
Penance	Y N	Y N	Y N	Y N	Y N
Confirmation	Y N	Y N	Y N	Y N	Y N

DO NOT FILL: ___ OSV ___ Church Office ___ Roledex ___ Welcome Letter ___ Email List