

CHURCH OF SAINT PETER

New Parishioner Registration

INSTRUCTIONS FOR COMPLETING

Please PRINT clearly.

1. Fill in all information as completely as possible. Mark N/A if not applicable.
2. All answers will be kept confidential.

FAMILY'S LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____

FAMILY TYPE:	<input type="checkbox"/> 1 Parent Family With Children Under 18	<input type="checkbox"/> Family with Adult Dependent Children at Home
	<input type="checkbox"/> 2 Parent Family With Children Under 18	<input type="checkbox"/> Individual Residing Alone
	<input type="checkbox"/> 2 or more Adults Residing at the Same Address	<input type="checkbox"/> Married Couple with No Children

Please provide the following information for ALL individuals in your household including religion and sacramental information. Check all boxes that apply.

• **ADULT #1**

Male Female

First & Last

Name: _____ Date of Birth: (M/D/Y) _____

Cell Phone: (____) _____ Email: _____

Maiden Name if Applicable _____

EDUCATION:

Graduated from: High School College Degree _____

SACRAMENTS:

Baptism: Catholic Other Christian Not Baptized

Church where you were baptized _____ City _____ State _____

First Communion: Yes No

Place _____ Date _____

Confirmation: Yes No

Place _____ Date _____

MARITAL STATUS:

Married Single Separated Divorced Widowed

If married: This is my first marriage Yes No

Were you married by a Priest? Yes No

If Yes, what Church _____ City _____ State _____ Date _____

Maiden Name _____

EMPLOYMENT:

Employed Unemployed Retired

Occupation _____

Church where #3 was baptized _____ City _____ State _____

Church where #4 was baptized _____ City _____ State _____

Church where #5 was baptized _____ City _____ State _____

Church where #6 was baptized _____ City _____ State _____

Church where #7 was baptized _____ City _____ State _____

PARISH INFORMATION

- If you have children, do you intend to send them to St. Peter School? YES NO
- Are there any family members who are sick or elderly and would wish to receive Holy Communion at home? Yes No
- Are there any members of your household interested in more information about the Catholic Church?
 Yes No
- List anyone on this form that DOES NOT speak English.
 - Name: _____ Speaks _____
 - Name: _____ Speaks _____
- **SPIRITUAL NEEDS** (*Where parish assistance could be helpful to you - Optional*)
 - [] Marriage/Divorce Counseling
 - [] Annulment Assistance
 - [] Prayer, serious illness
 - [] Grief Counseling
 - [] Reconciliation with God
 - [] Reconciliation with the Church
 - [] Interested in becoming Catholic
 - [] New Parishioner
 - [] Other _____
- Does anyone in your household have any disabilities we should be aware of?
- Is there anything you wish the Pastor to know in order to serve you better?
- Please send me envelopes Bi Monthly Christmas/Easter
- Please consider contributing through automatic checking/savings withdrawal Faith Direct
 Yes No Already using ACH

PLEASE READ THE FOLLOWING DIRECTIONS CAREFULLY

Please check the activities, ministries, organizations that you are either presently involved with or would like to become involved. Check off all that apply for any members of your household. To indicate individual, please use number next to name on census.

Group/Organization	Current Member	Prior Member	Interested in Joining	Would like more information	Person Number	Group/Organization	Current Member	Prior Member	Interested in Joining	Would like more information	Person Number
Altar Server						Parish Council					
Arts & Environment						Endowment Board					
Cantor						Parish Festival					
Children's Liturgy (CLOW)						Mailing Assistants					
Confirmation Team						Food Collection					
Contemporary Choir						Athletic Association					
PTO						Garden Club					
Finance Council						Building & Grounds					
Infant Baptism Prep						St. Francis Mission					
Junior Praise Choir						Holy Name Society					
Lector						Coffee/Donuts					
Project Praise Choir						Bereavement Ministry					
PSR Volunteer						St. Vincent De Paul					
RCIA						Social Justice					
School Volunteer						Respect Life Committee					
Traditional Choir						Spiritual Life Commission					
Usher						Health Ministry					
Vacation Bible School						Extraordinary Ministers of the Eucharist					
Worship Commission						Stewardship/Hospitality					
Youth Ministry						Annual Garage Sale					
Senior Citizen's Group						Retreat/Missions Committee					
Money Counters						Adult Funeral Servers					
Sacristan						Office Help					

The above list does not cover all Church activities. Is there any activity you wish to add or would like to inquire about

Please list any special skills/talent your family could volunteer that would benefit St. Peter Parish/School
