

St. Peter the Apostle Catholic Church

Date: _____

Family Registration

9190 Church Street, Union Bridge, MD 21791

Last Name: _____ First Name: _____

Mailing Name (e.g. Mr. and Mrs. John Doe): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone with area code: _____ Family email: _____

Emergency Contact info (name and phone number): _____

Would you like to be contacted by a member of the pastoral staff? Yes No

How would you like to make church offerings? EFT Envelopes Other

If you choose EFT or envelopes, we will be able to provide you with an end of year statement of your donations.

Office use: eft/envelope # _____

Individual Adult Member Information:

Please fill in the principle contact/primary contact for your family first

First Name: _____ Maiden Name: _____ Gender: _____

DOB: _____ Email address: _____

Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Baptized? Yes No Catholic? Yes No

Mark all Sacraments received: Reconciliation First Eucharist Confirmation

Marital Status: Single Married Separated Divorced Widowed

Married in Catholic Church? Yes No Date of Marriage: _____

Individual Adult Member Information:

First Name: _____ Maiden Name: _____ Gender: _____

DOB: _____ Email address: _____

Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Baptized? Yes No Catholic? Yes No

Mark all Sacraments received: Reconciliation First Eucharist Confirmation

Marital Status: Single Married Separated Divorced Widowed

Dependent Children Information:

First and last name: _____ Gender: _____ DOB: _____

Relationship to head of household (son or daughter): _____

Place of birth: _____

Name of school currently attending: _____

High school graduation year: _____

Baptized? Yes No Catholic? Yes No

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