

Registration Date _____

Church of St Patrick in Armonk

P.O. Box 6 Armonk, NY 10504 (29 Cox Ave) 914.273.9724
churchofstpat@optonline.net

Family Information

Last Name _____

Mailing Name _____

Family Email _____

Emergency Phone (_____) _____

Home Phone _____

Address Information

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Send us Contribution Envelopes Send us Information About ParishPay Automated Giving Add us to The Event Email List

Member Information

Last _____

Gender M/F Parish Status: Active / Inactive

First _____ Middle _____

Birth Date _____ Birth Place _____

Nick Name _____ Maiden Name _____

Occupation _____

Role* _____

Work Phone _____ Cell Phone _____

*Relationship to Head of Household:

First Language _____

Husband/Wife/Son/Daughter/Head/Adult/etc.

Special Needs _____

Sacrament Information

Email Address _____

Religion _____ Catholic Marriage

Baptism First Eucharist Confirmation

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First _____ Middle _____

Birth Date _____ Birth Place _____

Nick Name _____ Maiden Name _____

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