OUR MOTHER OF SORROWS/ST. PETER THE APOSTLE PARISH REGISTRATION FORM

Envelope Number:

Family Name | **Phone Number** | **Email Addresses:**

Mailing Address (Street/P.O. Box)

City | **State** | **Zip Code** | **Street Address (911 address)**

Instructions for Completing this Form:

Please print neatly.

Fill in all the information as completely as possible.

All answers will be kept confidential

Return to the Parish office.

HOUSEHOLD DEMOGRAPHIC

Please indicate number of family members living at your address in each age range:

66+ _____ 46 – 65 _____ 26 – 45 _____ 16 – 25 _____ 6 – 15 _____ 0 – 5 _____

FAMILY TYPE

Please check one:

2-parent family with minor children _____ **1-parent family with minor children _____** **2 or more adults living at same address _____**

Family with adult children at home _____ **Individual residing alone _____** **Married couple with no children at home _____**

Other (Please describe) _____

ADULT HEADS OF HOUSEHOLD

Male

Name | **Birthday** | **Age**

Marital Status
___ Married
___ Single
___ Separated
___ Divorced
___ Widowed
___ Annulled

This is my
___ 1st Marriage
___ 2nd Marriage

Married by a Priest?
yes ___ no ___
yes ___ no ___

Education
Highest Grade/Degree Completed: _____

Primary language spoken: _____

Baptized Yes __ No __ | Communion Yes __ No __ | Confirmation Yes __ No __ | Convert Yes __ No __

Religion, if not Catholic: _____

Disability: Mental ___ Hearing impaired ___ Blind ___ Other ___

Employer
Position/Type of Work: _____

Are you retired? Yes __ No __
Phone Number: _____

Female

Name | **Birthday** | **Age**

Marital Status
___ Married
___ Single
___ Separated
___ Divorced
___ Widowed
___ Annulled

This is my
___ 1st Marriage
___ 2nd Marriage

Married by a Priest?
yes ___ no ___
yes ___ no ___

Education
Highest Grade/Degree Completed: _____

Primary language spoken: _____

Baptized Yes __ No __ | Communion Yes __ No __ | Confirmation Yes __ No __ | Convert Yes __ No __

Religion, if not Catholic: _____

Disability: Mental ___ Hearing impaired ___ Blind ___ Other ___

Employer
Position/Type of Work: _____

Are you retired? Yes __ No __
Phone Number: _____

ALL OTHER MEMBERS LIVING IN YOUR HOUSEHOLD IF NOT REGISTERED SEPARATELY

Name (incl. last name if diff.)	Birthdate	M/F	Present School/Employer	Baptized Yes	Baptized No	Communion Yes	Communion No	Confirmation Yes	Confirmation No	Disability