

PRINCE OF PEACE PARISH REGISTRATION

ID # _____ (office use) 8-2-17

LAST NAME: (please print) _____ Date: _____

Address: _____ Home Phone: _____

Previous Parish (name, city, and state) _____

MALE NAME: _____

First (Nickname) Middle Last Cell Phone: _____

Birth Date: _____ Religion: _____

Email Address: _____

Place of Work/City & State: _____ Occupation: _____ Work Phone: _____

Alumni of Clinton Catholic Schools? Yes ___ No ___

If yes, name of the school: _____

Sacraments Received

Baptism: Yes ___ No ___ Name of Church/City & State: _____

First Communion: Yes ___ No ___ Name of Church/City & State: _____

Confirmation: Yes ___ No ___ Name of Church/City & State: _____

Single ___ Married ___ Divorced ___ Widowed ___ Engaged ___ Living with Partner ___

If previously married: Do you have an annulment? Yes ___ No ___

FEMALE NAME: _____

First (Nickname) Middle Maiden Last Cell Phone: _____

Birth Date: _____ Religion: _____

Email Address _____

Place of Work/City & State: _____ Occupation: _____ Work Phone: _____

Alumni of Clinton Catholic Schools? Yes ___ No ___

If yes, name of the school: _____

Sacraments Received

Baptism: Yes ___ No ___ Name of Church/City & State: _____

First Communion: Yes ___ No ___ Name of Church/City & State: _____

Confirmation: Yes ___ No ___ Name of Church/City & State: _____

Single ___ Married ___ Divorced ___ Widowed ___ Engaged ___ Living with Partner ___

If previously married: Do you have an annulment? Yes ___ No ___

If spouse is NOT Catholic, do you want his/her name included on parish mailings, etc.? Yes ___ No ___

If Married: Name of Church/place where married: _____

City & State: _____

Date of Marriage: _____

Is this marriage valid in the Catholic Church? Yes ___ No ___

If Engaged or Living Together Outside of Marriage:

Name of fiancé/partner: _____

Has your fiancé/partner been previously married? Yes ___ No ___

Does your fiancé/partner have an annulment? Yes ___ No ___

Is your fiancé/partner/Catholic? Yes ___ No ___

If "yes," has he/she received First Communion? Yes ___ No ___ Has he/she been Confirmed? Yes ___ No ___

Children (living at home)

Name	Gender/Birth Date/School/Grade	Baptism	1 st Communion	Confirmation
_____	_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
_____	_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
_____	_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

(If additional space is needed, please record on the back of this page.)