St. Paul the Apostle Catholic Church

Registration Form

Welcome to Our Community

Date:_____

Family Last Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Cellular His _____Hers _____

Email _____

Civil Status (Please Check One)

Single ☐ Divorced ☐ Widow ☐ Separated ☐

Common Law ☐ Married ☐ By Catholic Church? Yes ☐ No ☐

Language Spoken at Home (Besides English) _____

_____

Heads of Household ***Please Print***

NAME First Middle	M / F	Religion	Occupation	Level of Education	Date of Birth	*Please mark with "X" for Sacraments received* Baptism	1st Com.	Confirm.	Special Need Specify	Education	
					___/___/___					High School	Yes ☐ NO ☐
										University	Yes ☐ NO ☐
					___/___/___					High School	Yes ☐ NO ☐
										University	Yes ☐ NO ☐

Minors Living at Home (Children)

NAME First Middle	M / F	Religion	School Name	Grade Level	Date of Birth	*Please mark with "X" for Sacraments received* Baptism	1st Comm.	Confirm.	Special Need Specify		
					___/___/___						
					___/___/___						
					___/___/___						
					___/___/___						
					___/___/___						

Other Adults Living at Home

Complete Name	M / F	Religion	Occupation	Level of Education	Date of Birth	*Please mark with X for Sacraments received* Baptism	1st Com.	Confirm.	Special Need Specify	Education	
					___/___/___					High School	Yes ☐ NO ☐
										University	Yes ☐ NO ☐
					___/___/___					High School	Yes ☐ NO ☐
										University	Yes ☐ NO ☐