

# PARISH REGISTRATION FORM

Saints Peter & Paul Church  
 5480 Main Street  
 Williamsville, NY 14221-6702

Please fill in all applicable sections / Print legibly

FAMILY LAST NAME \_\_\_\_\_

Address Mail to (Circle One): Mr/Mrs, Mr, Mrs, Dr/Dr, Dr/Mrs, Mr/Dr, Miss, Ms, Other \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FORMER PARISH \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

(Office Use Only)

Date registered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Registered by \_\_\_\_\_  
 Envelope # \_\_\_\_\_  
 Date left Parish \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FAMILY MEMBERS	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	CHILD
First Name (Last name if different)					
Date of Birth & Sex	____ / ____ / ____ M F	____ / ____ / ____ M F	____ / ____ / ____ M F	____ / ____ / ____ M F	____ / ____ / ____ M F
Marital Status <input type="radio"/> Church Marriage <input type="radio"/> Civil Marriage	Single / Married Divorced / Widowed Separated / Annulled	Single / Married Divorced / Widowed Separated / Annulled			
Handicap/Disability (if any)					
Current Religion					
School Name (if enrolled)					
Degree / Current Grade					
Occupation					
Place of Employment and Business Phone #					
e-mail address					

PLEASE COMPLETE OTHER SIDE

First Name					
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Church, City, State	_____	_____	_____	_____	_____
First Penance	Yes No	Yes No	Yes No	Yes No	Yes No
First Communion	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No
Sacrament of Matrimony	Yes No	Yes No	Yes No	Yes No	Yes No
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Church, City, State	_____	_____	_____	_____	_____
RCLA	Yes No	Yes No	Yes No	Yes No	Yes No
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Church, City, State	_____	_____	_____	_____	_____

Please check each of the areas below that may be of interest to you or a family member or about which you would like additional information.

**Please Note: Checking any area does not commit you to a particular activity.**

<input type="checkbox"/> Religious Education <input type="checkbox"/> Adult Education <input type="checkbox"/> Becoming a Catholic (RCLA) <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Teen Ministry <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Altar Server <input type="checkbox"/> Greeter	<input type="checkbox"/> Eucharistic Minister <input type="checkbox"/> Choir (Adult/Youth) <input type="checkbox"/> Cantor <input type="checkbox"/> Instrumentalist <input type="checkbox"/> Sponsor Couple for the Engaged <input type="checkbox"/> Faith Sharing Groups <input type="checkbox"/> Legion of Mary <input type="checkbox"/> St. Vincent De Paul Society <input type="checkbox"/> St. Ann's Society	<input type="checkbox"/> Parish Life Committee <input type="checkbox"/> Scouts <input type="checkbox"/> Children's Liturgy of the Word <input type="checkbox"/> Baptism Preparation <input type="checkbox"/> Funeral Team <input type="checkbox"/> Ministry to the Homebound <input type="checkbox"/> Bereavement <input type="checkbox"/> Sunday Coffee Socials (Rel Ed) <input type="checkbox"/> Other
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Please indicate here any questions, concerns or needs that you or a member of your family has in which the parish may be able to help.

**All information will be held in strictest confidence.**

<input type="checkbox"/> Homebound <input type="checkbox"/> Home visit <input type="checkbox"/> Someone to phone me	<input type="checkbox"/> Pastoral Counseling <input type="checkbox"/> Annulment <input type="checkbox"/> Marriage convalidation	<input type="checkbox"/> Anointing the sick <input type="checkbox"/> House blessing <input type="checkbox"/> Other
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