

His Name: _____ DOB: _____ Race: _____ Religion: _____

Her Name: _____ DOB: _____ Race: _____ Religion: _____

(Date of Marriage: _____ Church of Marriage: _____)

His Occupation: _____ Cell #: _____ Work #: _____	Her Occupation: _____ Cell #: _____ Work #: _____
---	---

Primary Email: _____

Home Address: _____

Mailing Address (if applicable): _____

Please list any other members living within the household and enter applicable information:

FULL NAME	Race	Family Relation	School	Birth Date	Church of Baptism	Church of First Communion	Church of Confirmation

Are you interested in volunteering or serving in any of the following positions? Circle all that apply.

Eucharistic Minister Reader/Lector Altar Server Seasonal Decorator Office Work

Collection envelopes allow parishioners to track their contributions to the church for tax purposes, Sts. Peter and Paul School Families are **strongly encouraged** to use envelopes for subsidy purposes.

Do you wish to receive envelopes? **YES** **NO**

(For Office Use Only) Date Registered: _____ Envelope #: _____