



SAINT PETER THE APOSTLE
CATHOLIC PARISH

HOUSEHOLD REGISTRATION

Family Name _____ Registration # _____ Date _____

Address _____ Apt. _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip code _____ Email _____

Primary Language Spoken at Home: English _____ Spanish _____ Other _____

Individuals Living At Address

Last Name	First Name	Preferred Name	M.I.	Birth Date	Sex (O/F)	Family Status	Catholic (Y/N)	Bapt. (Y/N)	Euch. (Y/N)	Conf. (Y/N)	Occupation	Work Phone
1												
2												
3												
4												
5												
6												
7												
8												
9												

Interests and Activities: (Use line # from above to indicate person with interest) Would you be willing to donate time to help with Parish needs? _____

Music _____ Social Concerns _____ Youth Ministry _____ Euch. Minister/Lector/Server _____ Usher/Greeter _____ Admin./Office Help _____

Other _____ Do you have any special skills/qualifications? _____

Do you have any special needs? _____ Would you like to meet with a priest/deacon? _____ Attend Parish Retreat _____