

St. Patrick Church

110 MAIN STREET
P.O. BOX 523

FARMINGTON, CONNECTICUT 06034

Telephone: (860) 677-2639 Website: www.stpatsfarm.com

Parishioner Registration Form

Today's Date: ____/____/____

Please complete both sides to the best of your ability.

Family Member #1:

Date of Birth: ____/____/____

Family/Last Name: _____ First Name: _____

Title: Miss Ms. Mr. Mrs. Dr. Suffix: (Jr, Sr, etc): _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Is this: Home Work? Unlisted: Yes No

Cell phone: () _____

Email: _____ No email address

Marital Status : Married Single Widower Widow Separated Divorced Annulled

Yes, I wish to receive envelopes

Family Member #2:

Date of Birth: ____/____/____

Family/Last Name: _____ First Name: _____

Title: Miss Ms. Mr. Mrs. Dr. Suffix: (Jr, Sr, etc): _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Is this: Home Work? Unlisted: Yes No

Cell phone: () _____

Email: _____ No email address

Relationship to Family Member #1: Spouse Significant Other Child Other adult in household

Family Member #3:

Date of Birth: ____/____/____

Family/Last Name: _____ First Name: _____

Title: Miss Ms. Mr. Mrs. Dr. Suffix: (Jr, Sr, etc): _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Is this: Home Work? Unlisted: Yes No

Cell phone: () _____

Email: _____ No email address

Relationship to Family Member #1: Spouse Significant Other Child Other adult in household

Family Member #4:

Date of Birth: ____/____/____

Family/Last Name: _____ First Name: _____

Title: Miss Ms. Mr. Mrs. Dr. Suffix: (Jr, Sr, etc): _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Is this: Home Work? Unlisted: Yes No

Cell phone: () _____

Email: _____ No email address

Relationship to Family Member #1: Spouse Significant Other Child Other adult in household

St. Patrick Parishioner Registration Form, cont.

	Family Member #1	Family Member #2	Family Member #3	Family Member #4
First name:				
Maiden name or other last name:				
Marital status:				
Ethnicity:				
Language(s) spoken:				
Occupation:				
Highest grade of schooling completed:				
If non-Catholic, religious affiliation:				
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Baptism:				
Church of Baptism:				
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Communion:				
Church of First Communion:				
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Confirmation:				
Church of Confirmation:				
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Marriage:				
Church of Marriage:				
Attends/Is registered for Religious Education:				
Ministries/Talents/ Will Volunteer for:				
Comments:				