

**REGISTRATION FORM**  
**WELCOME TO SAINTS PETER & PAUL CHURCH**  
 5N939 Meredith Rd.  
 Virgil, IL 60151  
 630-365-6618

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Last Name	Phone Number	Cell Phone Number
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Address	City	Zip
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E-mail address

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Previous Parish	City, State	Phone Number and/or Address
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Marital Status:  Single  Married  Divorced  Widowed  Separated

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Name	Middle Initial	Religion	Date of Birth
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Place of Employment	City	Phone Number
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Church of Baptism	City, State	Date of Baptism
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Spouse Name	Middle Initial	Religion	Date of Birth
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Place of Employment	City	Phone Number
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Church of Baptism	City, State	Date of Baptism
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Church of Marriage	City, State	Date of Marriage	Married by a Catholic Priest or Deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I/We have \_\_\_\_\_ child/ren living at home:**

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Name	Middle Initial	Last Name	Date of Birth	Church of Baptism	City, State	Date of Baptism
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Church of First Communion	City, State	Church of Confirmation	City, State
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Name Middle Initial Last Name Date of Birth Church of Baptism City, State Date of Baptism

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**Church of First Communion City, State Church of Confirmation City, State**

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Name Middle Initial Last Name Date of Birth Church of Baptism City, State Date of Baptism

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Name Middle Initial Last Name Date of Birth Church of Baptism City, State Date of Baptism

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**Church of First Communion City, State Church of Confirmation City, State**

**Others living in your home:**

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Name Relationship Religion Date of Birth

**Any special interest in Parish Life (Eucharistic Minister, Lector, Server, ect.)?**

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**Any special needs or concerns we should be aware of?**

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Office Use Only			
Date		#	
Comp	<input type="checkbox"/>	Env	<input type="checkbox"/>
		Wel	<input type="checkbox"/>