



PARISH REGISTRATION
ST. PATRICK CATHOLIC CHURCH
235 Chapel Street, Grass Valley, CA (530) 273-2347

We welcome you to the St. Patrick Parish Community!
Please write or print clearly. To better serve you, please fill out completely. Thank you!

Name: _____ **Today's date:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____

Family e-mail: _____ **Are you registered in another parish?** _____ **If so, where?** _____

How would you like your mail addressed? *(e.g., Mr. and Mrs. George Smith; George and Judith Smith; Mrs. George Smith)*

Married (Yes/No): _____ **Date:** _____ **Married by a Catholic Priest/Deacon: Yes** _____ **No** _____ **Church:** _____

Divorced (Yes/No): _____ **Date:** _____

Widowed (Yes/No): _____ **Date:** _____

Single (Yes/No): _____

Remarks: (Share with us anything that would help us to serve you better)

Would you like a visit from a priest? Y _____ N _____ **Do you wish to receive weekly collection envelopes?** Y _____ N _____

Would you like more information about sacraments, ministries and organizations at St. Patrick's? Y _____ N _____

If yes, please list or describe them:

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If you have *non-dependent adults* living in your home, please use separate forms for them.

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4	MEMBER 5
FIRST NAME					
MIDDLE NAME					
LAST NAME Record family last name in column one. In other columns, identify only if different than first column.					
Cell or work phone no. with area code					
Separate email address					
What languages do you speak fluently?					
Are you a Knights of Columbus member?					
DATE OF BIRTH (mm/dd/yyyy)					
SEX (M/F)					
RELATIONSHIP Ex. Wife, Husband, Mother, Son, Daughter, Grandchild (if living with you), etc.					
RELIGION					
OCCUPATION					
DISABILITY Yes / No					
BAPTISM: Yes / No					
FIRST RECONCILIATION: Yes / No					
FIRST COMMUNION: Yes / No					
CONFIRMATION: Yes / No					
If Child: School attending					
If Child: Grade when registering					
List ministries & organizations that you belong to or have belonged to in the past					
Are there skills or interests that you would consider sharing with this parish?					

Please complete a column for every member in the household. Use additional forms if necessary. Thank you!

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