

**STS. PETER & PAUL PARISH REGISTRATION FORM**  
 800 KAHEKA ST. † HONOLULU, HAWAII 96814

DATE:

LAST NAME					
ADDRESS	STREET:		APT NO:		
	CITY:		STATE: <b>HAWAII</b>	ZIP CODE:	-
MAILING ADDRESS					
TELEPHONE:	UNLISTED				
EMAIL ADDRESS					
MARITAL STATUS	MARRIED    SINGLE    WIDOW(ER)				
I WISH TO USE PARISH ENVELOPES:	YES    NO		(ENVELOPE NO:    )		
I WOULD LIKE A PARISH MEMBER TO CONTACT ME:	YES    NO				

	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	OTHER <i>(please identify)</i>
FIRST NAME					
LAST NAME <i>(if different from above)</i>					
TITLE: <i>choose Mr. &amp; Mrs., Mrs, Mr. or Ms.</i>					
DATE OF BIRTH					
RELIGION					
OCCUPATION					
GRADE IN SCHOOL					
<b>PLEASE ENTER DATE OF SACRAMENTS (MM/DD/YYYY)</b>					
BAPTISM					
FIRST HOLY COMMUNION					
CONFIRMATION					
MARRIAGE					