

FAMILY REGISTRATION

ST. PETER THE APOSTLE PARISH

521 Harmony Street

New Castle, Delaware 19720

Telephone (302) 328-2335 Fax (302) 328-0519

ID # _____ (office use only)

Please print

All information is confidential

To Whom Should Mail Be Addressed?

Title, First Name(s), Last Name(s): _____

If not listed above, spouse's First Name: _____

Street Address: _____

Development or Apartment Complex: _____

City & State: Zip + 4 (if known): _____

Home Phone: _____ Other Phone: _____

Date of Registration: _____

Family Status (circle one) 2-Parent Family Single Parent Family Blended Family

 Sr. Citizen Household No Children Single

Mailing Address (if different from above): _____

City & State: _____ Zip + 4 (if known): _____

Second Residence Address (if applicable): _____

City & State: _____ Zip + 4 (if known): _____

Phone: _____

Usually at Second Residence From _____ To _____

Send Mail to Second Residence during that time (circle one): Yes No

MEMBER REGISTRATION

Please complete for each member of household, unless they wish to register separately.

Please print All information is confidential

ID # _____ (office use only)

Member Name – Last, First, M.I.: _____ Nickname: _____

Maiden Name: _____ Title (Mr., Mrs., Ms, Miss, Dr.): _____ Suffix (Sr., Jr., II, etc., if used): _____

Status in Household (circle one): head of house spouse minor child adult child
College student away in military other (specify): _____

Marital Status (circle one): Single Valid Catholic Marriage Other Marriage
Divorced/Separated Widowed Other (specify): _____

Religion (circle one): Catholic Other Christian(specify) _____ Non-Christian

Handicap (specify): _____ Ethnicity (specify): _____

Languages Spoken (specify): _____ Cell Phone: _____

Occupation (if retired, please indicate occupation/retired) or Student: _____

Employer or School: _____ Business Phone: _____

Date of Birth: _____ Gender: _____ Level Completed or Current Grade: _____

Attend Mass (circle one): weekly occasionally rarely

E-mail Address: _____
(Provide only if you wish to receive parish communications via e-mail)

Baptized: Yes No First Communion: Yes No Confirmed: Yes No First Penance: Yes No

Married: Yes No Date: _____

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