



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

STW	___
MR	___
KB	___
STW	___

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

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

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Home Phone: _____ **Listed (Yes/No):** ___

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: Bud and Judy Smith)

Are you are a snowbird, residing elsewhere during the winter? Yes ___ No ___ If yes, mail will be discontinued from November through April unless an alternate mail address is provided here: _____

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

Divorced (Yes/No): _____ **Date:** _____ **Declared Null and Void: Yes ___ No ___**

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 ___

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

If yes, please list or describe them:

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

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	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.					
Separate cell or work phone no.					
Separate email address					
What languages do you speak fluently?					
DATE OF BIRTH					
SEX (M/F)					
STATUS Head of Household / Spouse/ Child or Grandchild (if living with you)					
RELIGION					
OCCUPATION					
DISABILITY Yes / No					
BAPTISM: Yes / No					
RECONCILIATION: Yes / No					
FIRST COMMUNION: Yes / No					
CONFIRMATION: Yes / No					
If Child: School attending					
If Child: Grade when registering					
List parish ministries & organizations that you belonged to in the past or have been recently active with					
Indicate talents, hobbies, or work abilities 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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