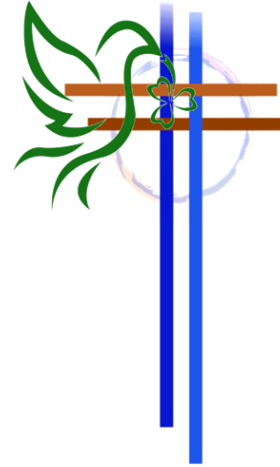


For Office use:

ID Number: \_\_\_\_\_

Entered in PDS: \_\_\_\_\_



St. Patrick

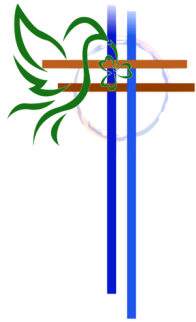
Roman Catholic Church

Please fill out all fields completely and clearly,

The parish office may call you in the event that more information is needed. If you have questions, please call the parish office at 719-598-3595 or email [stpats@stpatscs.org](mailto:stpats@stpatscs.org)

Thank you, and *welcome to St. Patrick!*

Parish Registration Form



# Welcome To St. Patrick Roman Catholic Church

Previous Parish:

Name: \_\_\_\_\_

City/State: \_\_\_\_\_

## Household Information

Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Husband Cell: \_\_\_\_\_

Wife Cell: \_\_\_\_\_

Household Email: \_\_\_\_\_

Would you like offertory envelopes? Yes\_\_\_ No\_\_\_

Interested in Online Giving? Yes\_\_\_ No\_\_\_

Mass Attendance: Weekly\_\_\_ Monthly\_\_\_ Occasionally\_\_\_

Marital Status: Single\_\_\_ Married\_\_\_ Widowed\_\_\_

Separated\_\_\_ Divorced\_\_\_

Catholic Marriage? Yes\_\_\_ No\_\_\_

Date of Marriage: \_\_\_\_\_

First/Last Name	Mr. Mrs. Ms.	Gender	Date of Birth	Religious Denomina- tion	Grade/ Highest Level of Education	Place of Employment/ School	Occupation	Handicaps If Any	Languages Spoken	Baptized Yes/No	1st Reconciliation Yes/No	1st Eucharist Yes/No	Confirmation Yes/No
Children Living at Home													

Comments: \_\_\_\_\_