

Welcome to St Peter the Fisherman Catholic Parish - please fill in as much information as you can.

Please fill out for each member of the household.

We like to know about those of you who are only with us a short time in the winter. You are all part of our family.

Family Name: _____ Date: _____

Winter Address: _____

From: _____ to _____

Summer Address: _____

From: _____ to _____

Home phone: (____) _____ Cell phone: (____) _____

E-Mail address: _____

Family Information

Family Member Type (Check one): __Head of Household __Spouse __Son __Daughter __Other (List relationship)_____

Last Name: _____ Middle Name: _____ First Name: _____

Maiden Name: _____ Title: _____ Date of Birth: _____

Religion: _____ Occupation: _____

Sacraments

Baptism: Date: _____ Parish: _____ Location: _____

Reconciliation Prep: Date: _____ Parish: _____ Location: _____

First Communion: Date: _____ Parish: _____ Location: _____

Confirmation: Date: _____ Parish: _____ Location: _____

Marriage: Date: _____ Parish: _____ Location: _____

Family Information

Family Member Type (Check one): __Head of Household __Spouse __Son __Daughter __Other (List relationship)_____

Last Name:_____ Middle Name:_____ First Name:_____

Maiden Name:_____ Title:_____ Date of Birth:_____

Religion:_____ Occupation:_____

Sacraments

Baptism: Date:_____ Parish:_____ Location:_____

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First Communion: Date:_____ Parish:_____ Location:_____

Confirmation: Date:_____ Parish:_____ Location:_____

Marriage: Date_____ Parish:_____ Location:_____

Does the family attend weekly mass? ☐ Yes ☐ No
Does the family make Easter duty? ☐ Yes ☐ No
Want to use envelopes? ☐ Yes ☐ No Box Number: _____

I am interested in information about:

☐ Altar Server ☐ Bible Study ☐ CCD ☐ Emmaus Retreat ☐ Eucharistic Ministry
☐ Evangelization ☐ Grief Support ☐ Home Care ☐ Hospitality ☐ IT Web/Technology Media
☐ Knights of Columbus ☐ Ladies Guild ☐ Lectors ☐ Marriage Encounter ☐ Music Ministry
☐ Office Volunteer ☐ Order of Secular Franciscan ☐ Pastoral Care/Food Bank
☐ Prayer Group//Day of Adoration ☐ Prison Ministry ☐ RCIA ☐ Rosary ☐ Ushers
☐ Youth Ministry ☐ Other _____

Please take a minute to answer the questions that follow so that we may learn more about what interests you:

☐ I am new in the community. I'm from _____
☐ I'd like to know how to become a member of the congregation.
☐ I'd enjoy getting to

For Office Only

Date _____

ID # _____ Envelope # _____