## St. Paul Roman Catholic Parish Registration Form 330 West Coral Gables Drive Phoenix AZ 85023 (602) 942-2608 (PHONE) (602) 548-0708 (FAX)



## WELCOME TO ST. PAUL ROMAN CATHOLIC PARISH! Please Print clearly. Thank You!

Family Name:		Primary Language:		Date:					
Mailing Address:		City& Zip	Code:						
Home Phone:()_	Cell:		_ Work:()						
St. Paul Envelope Nu	ımber:	Primary Email Address:							
Head of Household Information  First Name: Last Name (If different):									
Please Circle: N	Male / Female Single / Ma	arried / Widowed / Separa	ted / Divorced	Disabled: Yes / No					
BAPTISM F	Religion: raments you have Received i IRST COMMUNION _/	CONFIRMATION	PENANCE	MATRIMONY					
Spouse Information  Last Name (If different):									
Please Circle: N	Male / Female Single / M	arried / Widowed / Separa	ted / Divorced	Disabled: Yes / No					
Please circle the Sac	Religion:_ raments you have Received i IRST COMMUNION	in the Catholic Church and CONFIRMATION	d write the month an	nd year received: MATRIMONY					

E' AN			Child's Info	ormation	,	
First Name:	N. (f. = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Diag1.1 1	Last Name (		ligiona Education	:
Please Circle:	wate / Female	Disabled:	168 / NO	rears of Ke	ngious Education	
Date of Birth:		Religion:		_ Name	e of School:	and year received:
Please circle the Sa	craments you have	Received in	the Catholic	: Church and	write the month a	and year received:
	BAPTISM	FIRST CON	MMUNION	CON	IFIRMATION	PENANCE
Date Received:						
E' N			Child's Info			
First Name:	N. 1 / P. 1	D: 11 1	Last Name (	(11 different)	:	•
Please Circle:	Male / Female	Disabled:	Yes / No	Years of Re	engious Education	:
Date of Birth:		Religion:		_ Nam	e of School:	and year received:
Please circle the Sa	craments you have	Received in	the Catholic	Church and	write the month a	and year received:
	BAPTISM	FIRST CO	MMUNION	CON	IFIRMATION	PENANCE
	/					
·			Child's Info	ormation		
First Name:					:	
Please Circle:	Male / Female	Disabled:	Yes / No	Years of Re	eligious Education	1:
Date of Rirth		Religion		Nam	e of School:	
Please circle the So	craments vou have	Received in	the Catholic	Train Church and	write the month	and year received:
Trease effect the Sa	BAPTISM	FIRST CO	MMI NION		JEIRMATION	PENANCE
Date Received:						
Date Received.					,	
E' NI			Child's Info		1.	
First Name:		D' 11 1		•	):	
Please Circle:	Male / Female	Disabled:	Yes / No	Years of Re	eligious Education	1:
Date of Birth:		Religion:		_ Nam	ne of School:	
Date of Birth:Please circle the Sa	acraments you have	e Received in	n the Catholic	c Church and	l write the month:	and year received:
	BAPTISM		MMUNION	CON	NFIRMATION	PENANCE
Date Received:	/	/				