

**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 Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

**Head of Household Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_

Please Circle: Male / Female Single / Married / Widowed / Separated / Divorced Disabled: Yes / No

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:

BAPTISM      FIRST COMMUNION      CONFIRMATION      PENANCE      MATRIMONY  
\_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_

**Spouse Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_

Please Circle: Male / Female Single / Married / Widowed / Separated / Divorced Disabled: Yes / No

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:

BAPTISM      FIRST COMMUNION      CONFIRMATION      PENANCE      MATRIMONY  
\_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_  
Please Circle: Male / Female Disabled: Yes / No Years of Religious Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Name of School: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:  
BAPTISM FIRST COMMUNION CONFIRMATION PENANCE

Date Received: \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_  
Please Circle: Male / Female Disabled: Yes / No Years of Religious Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Name of School: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:  
BAPTISM FIRST COMMUNION CONFIRMATION PENANCE

Date Received: \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_  
Please Circle: Male / Female Disabled: Yes / No Years of Religious Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Name of School: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:  
BAPTISM FIRST COMMUNION CONFIRMATION PENANCE

Date Received: \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ Last Name (If different): \_\_\_\_\_  
Please Circle: Male / Female Disabled: Yes / No Years of Religious Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Name of School: \_\_\_\_\_

Please circle the Sacraments you have Received in the Catholic Church and write the month and year received:  
BAPTISM FIRST COMMUNION CONFIRMATION PENANCE

Date Received: \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_