

Saint Peter the Apostle Catholic Church

Date: _____

2907 Woodall Rodgers Freeway, Dallas, TX 75204

Office: (214) 855-1384 Email: saintpeter@stpeterdal.org Website: www.stpeterdal.com

PARISH REGISTRATION FORM

Family (Last) Name	Mailing Address (PO Box or Street)	City	State	Zip
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Family's Primary e-mail address	Home Phone (Primary phone)
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FAMILY STATUS:

Single Widowed Separated Divorced Married (see below if yes)

Date of Marriage ___/___/___ Were you married by a Catholic priest? Yes No

Civil Marriage Common Law

HEAD OF THE HOUSEHOLD

(Maiden Name): _____ DOB: _____ Religion: _____
First name: _____ Middle Name: _____ Last Name: _____
Sex: F ___ M ___ Suffix: Sr./Jr. _____
Occupation: _____ Email: _____
Work Phone: _____ Cell Phone: _____
Sacraments: Baptismal: Y N Date: _____ First Eucharist: Y N Date: _____
Reconciliation: Y N Date: _____ Confirmation: Y N Date: _____

SPOUSE

(Maiden Name): _____ DOB: _____ Religion: _____
First name: _____ Middle Name: _____ Last Name: _____
Sex: F ___ M ___ Suffix: Sr./Jr. _____
Occupation: _____ Email: _____
Work Phone: _____ Cell Phone: _____
Sacraments: Baptism: Y N Date: _____ First Eucharist: Y N Date: _____
Reconciliation: Y N Date: _____ Confirmation: Y N Date: _____

DEPENDENTS

Children under 18 and/or other adults living at home. Circle Sacraments Received and the date if known. Additional dependents can be added to the back of this page.

First Name _____ Middle Name _____ Last Name _____ Gender F/M
Relationship _____ DOB _____ Grade Level _____
Sacraments: Baptismal: Y N Date: _____ First Eucharist: Y N Date: _____
Reconciliation: Y N Date: _____ Confirmation: Y N Date: _____

DO YOU WISH TO RECEIVE ENVELOPES? YES ___ NO ___

Thank you for taking the time to register. Please check our weekly bulletin and/or our website for information regarding faith development, our many parish activities or ways you can volunteer to help our parish family.

DEPENDENTS CONTINUED

First Name _____ Middle Name _____ Last Name _____ Gender F/M
Relationship _____ DOB _____ Grade Level _____
Sacraments: Baptismal: Y N Date: _____ First Eucharist: Y N Date: _____
Reconciliation: Y N Date: _____ Confirmation: Y N Date: _____

First Name _____ Middle Name _____ Last Name _____ Gender F/M
Relationship _____ DOB _____ Grade Level _____
Sacraments: Baptismal: Y N Date: _____ First Eucharist: Y N Date: _____
Reconciliation: Y N Date: _____ Confirmation: Y N Date: _____

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Relationship _____ DOB _____ Grade Level _____
Sacraments: Baptismal: Y N Date: _____ First Eucharist: Y N Date: _____
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