



Welcome to the Church of St. Peter. Please complete this parishioner information form and return it to the Parish Office so we may add you to our community and better serve your needs.

Head of Household #1

Head of Household #2

Last Name: _____
 First Name: _____
 Middle Name: _____
 Maiden Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Telephone Number: _____
 E-mail Address: _____
 Date of Birth: _____
 Baptized: Yes _____ No _____
 Confirmed: Yes _____ No _____
 Marital Status: _____
 Occupation: _____
 Employer: _____
 Business Phone: _____

Last Name: _____
 First Name: _____
 Middle Name: _____
 Maiden Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Telephone Number: _____
 E-mail Address: _____
 Date of Birth: _____
 Baptized: Yes _____ No _____
 Confirmed: Yes _____ No _____
 Marital Status: _____
 Occupation: _____
 Employer: _____
 Business Phone: _____

Mass you expect to attend most regularly: _____

Do you prefer contribution envelopes or automatic withdrawal? Please circle one

Children living at home or at college:

First Name			
Middle Name			
Last Name			
Sex	F M	F M	F M
Date of Birth			
Baptized/Date Location			
First Communion/Date Location			
Confirmation/Date Location			
School			
Grade			

The Church of St. Peter publishes a monthly edition of Parish Life. Please check the option you would like to receive your copy: _____ Email – email address: _____

Pick up at church on _____ Mail out a copy _____

