

St. Patrick Church Parishioner Registration Form

1420 Oak Hill Avenue, Youngstown OH 44507

Please complete the form below and return to us by mail or via the collection basket at Mass. Please print clearly. Thank you.

FAMILY INFORMATION

Family Last Name:	Home Phone: Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	City / State / Zip

HEAD OF HOUSEHOLD:

SPOUSE:

Last name			First name, MI			Last name			First name, MI		
Date of birth:		Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:		Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:			Company:			Occupation:			Company:		
Cell Phone:		E-mail:				Cell Phone:		E-mail:			
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced						If married, date of marriage and location:					
Check the following if apply: <input type="checkbox"/> We were married in the Catholic Church <input type="checkbox"/> We would like to get our marriage blessed by the Church <input type="checkbox"/> We would like information on getting married in the Church <input type="checkbox"/> I've been married before and would like information on an Annulment											

OTHER FAMILY MEMBERS (LIVING IN HOUSEHOLD):

First, MI, Last Name	Date of birth	Occupation / School Attending	Baptized	First Communion	Confirmation
2			Y N	Y N	Y N
3			Y N	Y N	Y N
4			Y N	Y N	Y N
5			Y N	Y N	Y N
6			Y N	Y N	Y N

How would you like your envelopes addressed? _____ I would like information about Online Giving Yes No

Does anyone in your household have a special need/disability or an infirmity that keeps them homebound or in a nursing facility that you would like us to know about?

Yes No Homebound Nursing Home If so, would this family member like to receive communion? Yes No

Name _____ Nursing Home _____