

**ST. PAUL'S CHURCH
PARISH REGISTRATION FORM**

FAMILY NAME (LAST NAME) _____

(PO Box) _____ (Street address) _____ (City) _____ (State) _____ (Zip Code) _____

Telephone Number _____ (home) _____ (work) E-Mail Address _____

Head of Household _____
(Last Name) _____ (First Name) _____ (M.I.) _____ (Maiden Name) _____

Date of Birth ____/____/____ Occupation, or if retired previous, occupation _____

Status _____ Married _____ Marriage recognized by the church _____ Sacraments Received
 _____ Yes _____ No Baptism Yes No
 _____ Single _____ Separated _____ Divorced _____ Widowed
 Mass attendance: _____ Weekly _____ Monthly _____ Seasonal
 Communion Yes No
 Confirmation Yes No

Spouse _____
(Last Name) _____ (First Name) _____ (M.I.) _____ (Maiden Name) _____

Date of Birth ____/____/____ Occupation, or if retired previous, occupation _____

Received _____ Sacraments Received _____
 Baptism Yes No
 Communion Yes No
 Confirmation Yes No
 Mass attendance: _____ Weekly _____ Monthly _____ Seasonal

OFFICE USE ONLY
Last Name _____

Please answer the following questions.

1. Do you receive offertory envelopes? ___ Yes, ___ No
2. If you do not receive offertory envelopes, would you like to receive them? ___ Yes, ___ No

(LIST FAMILY MEMBERS LIVING AT YOUR HOME NOW)

CHILDREN STILL LIVING AT HOME:

(LAST NAME) _____ (FIRST NAME) _____ (M.I.) _____ DATE OF BIRTH ____/____/____

School Attending _____ Sacraments Received
 Grade in Religious Education (if applicable) _____ Baptism Yes No
 Handicap of any kind _____ Communion Yes No
 Confirmation Yes No

CHILDREN STILL LIVING AT HOME:

(LAST NAME) (FIRST NAME) (M.I.) DATE OF BIRTH ____/____/____
School Attending _____ Sacraments Received
Grade in Religious Education (if applicable) _____ Baptism Yes No
Handicap of any kind _____ Communion Yes No
Confirmation Yes No

(LAST NAME) (FIRST NAME) (M.I.) DATE OF BIRTH ____/____/____
School Attending _____ Sacraments Received
Grade in Religious Education (if applicable) _____ Baptism Yes No
Handicap of any kind _____ Communion Yes No
Confirmation Yes No

(LAST NAME) (FIRST NAME) (M.I.) DATE OF BIRTH ____/____/____
School Attending _____ Sacraments Received
Grade in Religious Education (if applicable) _____ Baptism Yes No
Handicap of any kind _____ Communion Yes No
Confirmation Yes No

Any other person(s) living with your household? _____

If anyone in your home, because of prolonged illness or being homebound, needs communion brought to them please call the rectory. If anyone is going into the hospital, make sure you tell the hospital that you are a parishioner of St. Paul's Parish in Delaware City so that when the parish priest visits the hospital (usually once a week), he will know you are there. Christiana Care calls us once a week to advise us of parishioners in the hospital. St. Francis Hospital does not notify us, so you should call the rectory. If you are having a scheduled procedure, it might be good to receive the Anointing of the Sick a few days before going in to the hospital. Call the rectory to schedule an anointing.

(Use separate sheet for additional family members.)

Time and Talent: Please share your Time and Talent with your parish. Indicate below where you can serve. Please indicate which member of the family is offering their services. If there is a choice, please underline your choice.

- | | |
|--|---|
| _____ Usher – 5pm or 9am | _____ Church Cleaner (once a month) |
| _____ Lector – 5pm or 9am | _____ Religious Ed. Teacher / Substitute / Aide |
| _____ Cantor – 5pm or 9am | _____ Pro-Life |
| _____ Keyboard/Piano/Organist
Other Instruments | _____ Fund raising (such as flea markets/soup sales, etc.) |
| _____ Altar Server | _____ Decorators for Church and grounds |
| _____ Maintenance/handyman/
tree work/carpentry/
electric, plumbing, gardening | _____ RCIA (Rite of Christian Initiation of Adults)
(to lead adults & children who have been away from the church or joining the church) |

DATE _____

Please Note: All information on this form, except for the Volunteerism, will be kept confidential.