

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

FAMILY NAME: _____
(LAST NAME)

DATE: _____
(MM/DD/YY)

(NUMBER / P.O. Box) (STREET) (CITY) (STATE) (ZIP)

Telephone Numbers: _____
(HOME) (WORK)

E-mail address: _____

Head of household

(LAST NAME) (FIRST NAME) (MI) (MAIDEN)

Date of birth: _____
(mm/dd/yy)

Occupation: _____
(If retired, previous occupation)

Status
 Married Marriage recognized
 Single by the church
 Separated
 Divorced
 Widowed

Sacraments
 Baptism Yes No
 Penance Yes No
 Communion Yes No
 Confirmation Yes No

Mass attendance: Weekly Monthly Seasonally

Spouse: _____
(LAST NAME) (FIRST NAME) (MI) (MAIDEN)

Date of birth: _____
(mm/dd/yy)

Occupation: _____
(If retired, previous occupation)

Sacraments
 Baptism Yes No
 Penance Yes No
 Communion Yes No
 Confirmation Yes No

Mass attendance: Weekly Monthly Seasonally

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

(PLEASE LIST OTHER FAMILY MEMBERS ON PAGE 2)

OFFICE USE ONLY
Last Name

PLEASE LIST ALL FAMILY MEMBERS WHO RESIDE AT THIS ADDRESS ON THIS PAGE

 (LAST NAME) (FIRST NAME) (MI)

Date of birth: _____
 (MM/DD/YY)

School attending _____
 Grade in Religious Education (if applicable) _____
 Handicap of any kind _____

Baptism ____ Yes ____ No
 Penance ____ Yes ____ No
 Communion ____ Yes ____ No
 Confirmation ____ Yes ____ No

 (LAST NAME) (FIRST NAME) (MI)

Date of birth: _____
 (MM/DD/YY)

School attending _____
 Grade in Religious Education (if applicable) _____
 Handicap of any kind _____

Baptism ____ Yes ____ No
 Penance ____ Yes ____ No
 Communion ____ Yes ____ No
 Confirmation ____ Yes ____ No

 (LAST NAME) (FIRST NAME) (MI)

Date of birth: _____
 (MM/DD/YY)

School attending _____
 Grade in Religious Education (if applicable) _____
 Handicap of any kind _____

Baptism ____ Yes ____ No
 Penance ____ Yes ____ No
 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 a 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 family member is offering their services. If there is a choice, please underline your choice.

- | | |
|--|---|
| _____ Usher – 5pm Sat / 9am Sun | _____ Church cleaner (once a month) |
| _____ Lector – 5pm Sat / 9am Sun | _____ Religious Ed Teacher / Sub / Aide |
| _____ Cantor – 5pm Sat / 9am Sun | _____ Parish or Finance Council / Trustee |
| _____ Altar Server | _____ Pro-Life |
| _____ Fundraising (flea market/ soup sales, etc.) | _____ Decorator for Church and grounds |
| _____ RCIA - Rite of Christian Initiation of Adults (to lead those who have been away or are joining the church) | |
| _____ Keyboard / Organist / Piano / Other instrument | |
| _____ Maintenance / handyman | _____ Other: _____ |

Comments: _____

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