



Basilica of Sts. Peter & Paul

Parish Registration Form

Please fill out and return to the parish office: office@stspeterandpaulbasilica.com

Head of Household

Last Name: _____ First _____ Middle Initial _____

Maiden Name: (If Female) _____

Title: Mr. Mrs. Ms. Dr. Suffix: _____

Street Address: _____

City _____ State _____ Zip _____

Mailing Address: (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Place _____

Occupation _____ Religion _____

Marital Status: Single Engaged Married Divorced Widowed

Sacraments Received: Baptized 1st Communion Confirmation

Catholic Marriage or Civil Marriage Date _____

Spouse/Other Adult

Last Name: _____ First _____ Middle Initial _____

Maiden Name: (If Female) _____

Title: Mr. Mrs. Ms. Dr. Suffix: _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Place _____

Occupation _____ Religion _____

Marital Status: Single Engaged Married Divorced Widowed

Sacraments Received: Baptized 1st Communion Confirmation

Catholic Marriage or Civil Marriage Date _____

Please complete the next page for children.

Child

Gender Male Female

Last Name: _____ First _____ Middle Initial _____

Suffix: _____

Relation to Head of Household Child Stepchild Grandchild Other _____

Date of Birth _____ Place _____

Religion _____

Sacraments Received: Baptized 1st Communion Confirmation

Child

Gender Male Female

Last Name: _____ First _____ Middle Initial _____

Suffix: _____

Relation to Head of Household Child Stepchild Grandchild Other _____

Date of Birth _____ Place _____

Religion _____

Sacraments Received: Baptized 1st Communion Confirmation

Child

Gender Male Female

Last Name: _____ First _____ Middle Initial _____

Suffix: _____

Relation to Head of Household Child Stepchild Grandchild Other _____

Date of Birth _____ Place _____

Religion _____

Sacraments Received: Baptized 1st Communion Confirmation

Child

Gender Male Female

Last Name: _____ First _____ Middle Initial _____

Suffix: _____

Relation to Head of Household Child Stepchild Grandchild Other _____

Date of Birth _____ Place _____

Religion _____

Sacraments Received: Baptized 1st Communion Confirmation
