

# Saint Peter the Apostle Catholic Church

Date: \_\_\_\_\_

2907 Woodall Rodgers Freeway, Dallas, TX 75204

Office: (214) 855-1384 Email: [saintpeter@stpeterdal.org](mailto:saintpeter@stpeterdal.org) Website: [www.stpeterdal.com](http://www.stpeterdal.com)

## PARISH REGISTRATION FORM

Family (Last) Name	Mailing Address (PO Box or Street)	City	State	Zip
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Family's Primary e-mail address	Home Phone (Primary phone)
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### FAMILY STATUS:

Single  Widowed  Separated  Divorced  Married  (see below if yes)

Date of Marriage \_\_\_/\_\_\_/\_\_\_ Were you married by a Catholic priest? Yes  No

Civil Marriage  Common Law

### HEAD OF THE HOUSEHOLD

(Maiden Name): \_\_\_\_\_ DOB: \_\_\_\_\_ Religion: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex: F \_\_\_ M \_\_\_ Suffix: Sr./Jr. \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Sacraments: Baptismal: Y N Date: \_\_\_\_\_ First Eucharist: Y N Date: \_\_\_\_\_  
Reconciliation: Y N Date: \_\_\_\_\_ Confirmation: Y N Date: \_\_\_\_\_

### SPOUSE

(Maiden Name): \_\_\_\_\_ DOB: \_\_\_\_\_ Religion: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex: F \_\_\_ M \_\_\_ Suffix: Sr./Jr. \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Sacraments: Baptism: Y N Date: \_\_\_\_\_ First Eucharist: Y N Date: \_\_\_\_\_  
Reconciliation: Y N Date: \_\_\_\_\_ Confirmation: Y N Date: \_\_\_\_\_

### DEPENDENTS

Children under 18 and/or other adults living at home. Circle Sacraments Received and the date if known. Additional dependents can be added to the back of this page.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender F/M  
Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_  
Sacraments: Baptismal: Y N Date: \_\_\_\_\_ First Eucharist: Y N Date: \_\_\_\_\_  
Reconciliation: Y N Date: \_\_\_\_\_ Confirmation: Y N Date: \_\_\_\_\_

**DO YOU WISH TO RECEIVE ENVELOPES? YES \_\_\_ NO \_\_\_**

*Thank you for taking the time to register. Please check our weekly bulletin and/or our website for information regarding faith development, our many parish activities or ways you can volunteer to help our parish family.*

**DEPENDENTS CONTINUED**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender F/M  
Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_  
Sacraments: Baptismal: Y N Date: \_\_\_\_\_ First Eucharist: Y N Date: \_\_\_\_\_  
Reconciliation: Y N Date: \_\_\_\_\_ Confirmation: Y N Date: \_\_\_\_\_

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