

Saint Patrick's Church

615 CONGRESS AVENUE
HAVRE DE GRACE, MARYLAND 21078
PHONE: 410-939-2525

* OFFICE USE ONLY
* NOLL _____ TEMPORARY _____
* PS _____ WELCOME _____
* FILED _____ PASTOR _____

Date _____

Family Last Name _____ Wife's Maiden Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Unlisted Listed (circle one)

Marital Status Married Single Divorced Separated Widow Widower (circle one)
Married by a Priest Deacon Minister Other (circle one) MARRIAGE DATE _____

Do you have a child to be baptized? Yes No (circle one) Would like to receive "The Catholic Review" _____

FULL NAME (NO INITIALS) (Everyone living at above address) Date of Birth Religion Cath/Other Baptized Yes/No Communion Yes/No Confirm Yes/No Attend Church Yes/No/Occ.
_____/_____/_____

MALE OR SPOUSE Middle Name Occupation Phone No. Company E-MAIL

FEMALE OR SPOUSE Middle Name Occupation Phone No. Company E-MAIL

First Middle Name Male/Female E-MAIL

First Middle Name Male/Female E-MAIL

First Middle Name Male/Female E-MAIL

IF MORE SPACE IS REQUIRED FOR THE ABOVE OR FOLLOWING SECTIONS, PLEASE USE REVERSE SIDE OF THIS FORM.

Would you like to receive Church Offering Envelopes? YES NO (circle one)
If yes, addressed: Mr. & Mrs. Mr. Mrs. Ms. Miss (circle one)

Are you, or any member of your family, a member of any of the following: (NAMES PLEASE)
CCD TEACHER/VOLUNTEER _____ CHOIR _____
_____ CANTOR _____
EUCHARISTIC MINISTER _____ YOUTH GROUP _____ LECTOR _____
_____ ALTAR SOCIETY _____ USHER _____

Please list areas in which you would like to volunteer

List other relatives living in our parish:
RELATIONSHIP NAME ADDRESS TELEPHONE

