



St. Patrick Church

601 Congress Avenue
Havre de Grace, MD 21078

410-939-2525

Parish Registration Form

Family Information

Date Submitted: _____

Family Last Name _____

Mailing Name (ex: Mr. & Mrs. Fred Jones; Ms. Mary Jones) _____

Street Address _____

City _____ State _____ Zip Code _____

Family Telephone Number _____

Alternate Telephone Number _____

Family E-mail Address _____

Previous Parish _____

Would you like to receive offertory envelopes? _____

Would you like to receive The Catholic Review _____

Member Information

Self: _____
First Name

_____ Last Name if different from Family Last Name

Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____

Date of Birth: _____ Marital Status: _____ Religion: _____

Sacraments: *Please check if received*

Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____ Valid Catholic Marriage _____

Occupation: _____ Email: _____ Cell _____

Spouse/Fiancé/Other

_____ First Name

_____ Last Name if different from Family Last Name

Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____

Date of Birth: _____ Marital Status: _____ Religion: _____

Sacraments: *Please check if received*

Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____ Valid Catholic Marriage _____

Occupation: _____ Email: _____ Cell _____

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Please submit complete form to the Parish office, attention Marge or drop in the collection Basket or mail to St. Patrick Parish 615 Congress Avenue, Havre de Grace, MD 21078.

CHILDREN: Ages birth to 21 years of age

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILD _____
First and Middle Name _____ Last Name if Different from Family Last Name _____
Relationship: Son _____ Daughter _____ Date of Birth: _____ Grade: _____
Religion _____
Sacraments: *Please check if received* Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

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