

Ss. Peter & Paul Chapel Family Registration
840 E. Grand Ave.
Tower City, PA 17980 (570) 695-3648

FAMILY INFORMATION

Last Name	First Name(s)
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Mailing Salutation (Salutation that will appear on mailings addressed to you, ex. Mr. & Mrs. John Doe)

Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Widower	Date: ____/____/____	Catholic marriage? <input type="checkbox"/> Justice of the Peace? <input type="checkbox"/> Previously married? <input type="checkbox"/>
Church: _____		

ADDRESS	TELECOMMUNICATIONS	(Home, Cell, Work, etc.)
Street	Primary Phone: ()	Type:
	2nd Phone: ()	Type:
City/State/Zip	Email	

FAMILY MEMBERS

(Please complete for every member of your family including yourself.)

MEMBER 1							(Husband, Wife, Child, etc.)	
First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate		
Sacraments (Check if received. Add date and/or church if known.)							Religion	
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____						
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____						Occupation
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____						
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____						

MEMBER 2							(Husband, Wife, Child, etc.)	
First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate		
Sacraments (Check if received. Add date and/or church if known.)							Religion	
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____						
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____						Occupation
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____						Grade (If in school.)
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____						

MEMBER 3							(Husband, Wife, Child, etc.)	
First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate		
Sacraments (Check if received. Add date and/or church if known.)							Religion	
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____						
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____						Occupation
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____						Grade (If in school.)
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____						

Please fill in as much information as possible. If you need to add additional members turn over to back.

