



Welcome to the Church of St. Peter. Please complete this parishioner information form and return it to the Parish Office so we may add you to our community and better serve your needs.

Head of Household #1

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Date of Birth: _____

Baptized: Yes _____ No _____

Confirmed: Yes _____ No _____

Marital Status: _____

Occupation: _____

Employer: _____

Business Phone: _____

Head of Household #2

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Date of Birth: _____

Baptized: Yes _____ No _____

Confirmed: Yes _____ No _____

Marital Status: _____

Occupation: _____

Employer: _____

Business Phone: _____

Mass you expect to attend most regularly: _____

Do you prefer contribution envelopes or automatic withdrawal? Please circle one

Children living at home or at college:

First Name			
Middle Name			
Last Name			
Sex	F M	F M	F M
Date of Birth			
Baptized/Date Location			
First Communion/Date Location			
Confirmation/Date Location			
School			
Grade			