

Today's Date: _____

PARISH REGISTRATION FORM
ST. PATRICK'S CHURCH OF ELKHORN, NEBRASKA
20500 West Maple, PO Box 10
Elkhorn, NE 68022
402-289-4289

ID # _____
(For Office Use Only)

This information will be held in the strictest confidence for pastoral use only.

TITLE (Circle one): MR. & MRS. MR. MISS MS MRS. OTHER: _____

How would you like mailings to be addressed to your household?

Street Address Mailing Address (if different) City State Zip

Phone Email Address Email Address 2 Subdivision

Is home address to be unlisted in the parish directory? Yes No

Is home phone to be unlisted in the parish directory? Yes No

Our family releases St. Patrick's Parish to use our photographs & other images in promotional materials? Yes No

Stewardship of God's Gifts: Family Talents/Skills to share: _____

Groups or Organizations to share our time with: _____

Monthly Financial Pledge: \$_____ (If have not tried dedicating 5% of your monthly income to stewardship may we recommend that you try 2% or 3% of your income.)

MALE HEAD OF HOUSEHOLD

Legal First Name Familiar/Nickname Middle Name/Initial Last Name

Home Phone Cell Phone

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism _____
Church Name, City & State

Eucharist Confirmation Reconciliation

Marital Status: Single Widowed Separated Divorced Annulled Married

Is current marriage recognized as valid by the Catholic Church? Yes No Unsure Wedding Date: _____

Grade School High School High School Graduation Year

College Degree Graduation Year

Occupation/Position Employer Address Work Phone

Birth date Primary Language Secondary Language

Any special needs/disabilities: _____ Any skills or gifts to share: _____

FEMALE HEAD OF HOUSEHOLD

Legal First Name Familiar/Nickname Middle Name/Initial Maiden Name (if applicable) Last Name

Home Phone Cell Phone

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism _____
Church Name, City & State

Eucharist Confirmation Reconciliation

Marital Status: Single Widowed Separated Divorced Annulled Married

Is current marriage recognized as valid by the Catholic Church? Yes No Unsure Wedding Date: _____

Grade School High School High School Graduation Year

College Degree Graduation Year

Occupation/Position Employer Address Work Phone

Birth date Primary Language Secondary Language

Any special needs/disabilities: _____ Any skills or gifts to share: _____

First Child

Legal First Name Familiar/Nickname Middle Name/Initial Last Name

Birth date Gender Primary Language Secondary Language

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism -----
Church Name, City & State

Eucharist Confirmation Reconciliation

Child Lives with: Both parents Mother Father Guardian Grandparent

Individual Status: Single, HS Senior or younger Single, adult at home Single, not at home Married Deceased

Grade School High School High School Graduation Year

Any special needs/disabilities: ----- Any skills or gifts to share: -----

Second Child

Legal First Name Familiar/Nickname Middle Name/Initial Last Name

Birth date Gender Primary Language Secondary Language

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism -----
Church Name, City & State

Eucharist Confirmation Reconciliation

Child Lives with: Both parents Mother Father Guardian Grandparent

Individual Status: Single, HS Senior or younger Single, adult at home Single, not at home Married Deceased

Grade School High School High School Graduation Year

Any special needs/disabilities: ----- Any skills or gifts to share: -----

Third Child

Legal First Name Familiar/Nickname Middle Name/Initial Last Name

Birth date Gender Primary Language Secondary Language

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism -----
Church Name, City & State

Eucharist Confirmation Reconciliation

Child Lives with: Both parents Mother Father Guardian Grandparent

Individual Status: Single, HS Senior or younger Single, adult at home Single, not at home Married Deceased

Grade School High School High School Graduation Year

Any special needs/disabilities: ----- Any skills or gifts to share: -----

Others living in your home

Legal First Name Familiar/Nickname Middle Name/Initial Last Name

Relationship: Mother Father Grandmother Grandfather Other -----

Religion: Roman Catholic Orthodox Protestant Non Christian

Please check if these Sacraments have been received: Baptism -----
Church Name, City & State

Eucharist Confirmation Reconciliation

Birth date Gender Primary Language Secondary Language

Any special needs/disabilities: ----- Any skills or gifts to share: -----

If you have additional children or others living at home please use the additional members form.