

WELCOME TO ST. PATRICK!

Welcome to the Faith Community of St. Patrick! If you have any questions or concerns please feel to contact us by phone at (573) 364-1435; by mail at St. Patrick Church, 17 St. Patrick Lane, Rolla, MO 65401; or by e-mail at stpats.rollanet.org. Check out our website at www.rollanet.org/~stpats!

FAMILY INFORMATION:

Family Title: Mr. and Mrs. Mr. Mrs. Ms. Miss Other _____
Family Name: _____ Date Registered: _____
Address: Street Address: _____
P.O. Address (If applicable) _____
City/State/Zip: _____
Phone: (_____) _____ Is number unlisted? Yes No
If unlisted, may this number be given out for parish use? Yes No
Envelope Choice: We would like to receive an offertory envelope for each week.
 We would like to receive an offertory envelope for each month.
May we list your family in the bulletin to introduce you to the community? Yes No
Mass Preference: Saturday 5:00 PM Sunday 8:00 AM Sunday 10:00 AM
Other Mass Times as applicable:
 Spanish Mass 12:30 PM (2nd and 4th Sunday)
 Sunday 7:00 PM (When UMR is in session)

HEAD OF HOUSEHOLD:

First Name: _____ Middle: _____ Sex: _____
Date of Birth: _____ Religion: _____
Other Languages spoken: _____ Handicap: _____
Cell Phone: _____ E-mail Address: _____
Occupation: _____
Employer: _____ Business Phone: _____

SACRAMENTAL INFORMATION:

(If Baptized Catholic, complete items below.)

Baptized Catholic	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized Non-Catholic	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received via RCIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE:

First Name: _____ Middle: _____ Sex: _____
Last Name if different from Family: _____ Maiden: _____
Date of Birth: _____ Religion: _____
Other Languages Spoken: _____ Handicap: _____
Cell Phone: _____ E-mail Address: _____
Occupation: _____
Employer: _____ Business Phone: _____

SACRAMENTAL INFORMATION:

(If Baptized Catholic, complete items below.)

Baptized Catholic	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized Non-Catholic	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received via RCIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU HAVE BEEN MARRIED, CURRENT MARITAL STATUS:

Status: Married Widowed Separated Divorced
Is your Marriage recognized by the Church? Yes No
If not, do you wish to have your marriage validated? Yes No

**CHILDREN STILL LIVING AT HOME
TO BE INCLUDED ON YOUR FAMILY CENSUS:**

To enroll your child in St. Patrick School, the Parish School of Religion (PSR), or Young Disciples (YD) you will need a copy of your child's baptismal record. If you do not have one, please contact the parish where your child was baptized and ask for a current sacramental record.

To expedite your family registration, if you need to write for a baptismal record please turn in your registration form and let us know the record will be coming.

First Name: _____ Middle: _____ Sex: _____
Last Name if different from Family: _____ Grade: _____
Date of Birth: _____ Religion: _____
Other Languages Spoken: _____ Handicap: _____
SACRAMENTAL INFORMATION: (If Baptized Catholic, complete items below.)
Baptized Catholic _____ Yes _____ No First Communion _____ Yes _____ No
Baptized Non-Catholic _____ Yes _____ No First Reconciliation _____ Yes _____ No
Profession of Faith _____ Yes _____ No Confirmation _____ Yes _____ No

First Name: _____ Middle: _____ Sex: _____
Last Name if different from Family: _____ Grade: _____
Date of Birth: _____ Religion: _____
Other Languages Spoken: _____ Handicap: _____
SACRAMENTAL INFORMATION: (If Baptized Catholic, complete items below.)
Baptized Catholic _____ Yes _____ No First Communion _____ Yes _____ No
Baptized Non-Catholic _____ Yes _____ No First Reconciliation _____ Yes _____ No
Profession of Faith _____ Yes _____ No Confirmation _____ Yes _____ No

First Name: _____ Middle: _____ Sex: _____
Last Name if different from Family: _____ Grade: _____
Date of Birth: _____ Religion: _____
Other Languages Spoken: _____ Handicap: _____
SACRAMENTAL INFORMATION: (If Baptized Catholic, complete items below.)
Baptized Catholic _____ Yes _____ No First Communion _____ Yes _____ No
Baptized Non-Catholic _____ Yes _____ No First Reconciliation _____ Yes _____ No
Profession of Faith _____ Yes _____ No Confirmation _____ Yes _____ No

First Name: _____ Middle: _____ Sex: _____
Last Name if different from Family: _____ Grade: _____
Date of Birth: _____ Religion: _____
Other Languages Spoken: _____ Handicap: _____
SACRAMENTAL INFORMATION: (If Baptized Catholic, complete items below.)
Baptized Catholic _____ Yes _____ No First Communion _____ Yes _____ No
Baptized Non-Catholic _____ Yes _____ No First Reconciliation _____ Yes _____ No
Profession of Faith _____ Yes _____ No Confirmation _____ Yes _____ No

If you need more space for your children please ask us for another copy or write the information on an additional sheet of paper.