

Please mail to St. Peter Church or email to:stpeterhigganum@yahoo.com

ST. PETER CHURCH
30 PETER LANE
P.O. BOX 707
HIGGANUM, CT 06441
(860) 345-8018

Envelope # _____
(Office will assign)

PARISHIONER REGISTRATION FORM

FAMILY NAME(S) _____ HOME PHONE # _____ E-Mail ADDRESS(ES) _____
_____ CELL PHONE # _____

STREET ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

NAME _____ Birth Date _____ Occupation _____

SACRAMENTS RECEIVED Baptism First Communion Confirmation

MAITAL STATUS Single Married by a Priest Married Civilly
Widowed Divorced

NAME _____ Birth Date _____ Occupation _____

SACRAMENTS RECEIVED Baptism First Communion Confirmation

MAITAL STATUS Single Married by a Priest Married Civilly

PLEASE CHECK ANY VOLUNTEER SERVICE/MINISTRY THAT YOU ARE INTERESTED IN:

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Lector | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Altar Server | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Youth Choir
and Maintenance Committee | <input type="checkbox"/> Usher | <input type="checkbox"/> Parish Council | <input type="checkbox"/> Building |
| <input type="checkbox"/> Ladies Guild
Group Coordinator | <input type="checkbox"/> Christmas Fair Committee | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Bereavement Group | <input type="checkbox"/> Baptismal Preparation Coordinator | |
| <input type="checkbox"/> R.C.I.A Preparation | <input type="checkbox"/> Religious Education Instructor | <input type="checkbox"/> Religious Education Instructional Assistant | |

<u>DEPENDENT CHILDREN or OTHERS LIVING in HOUSEHOLD</u>	<u>SEX (M-F)</u>	<u>SACRAMENTS RECEIVED</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
1. NAME _____ _____		___ BAPTISM ___ FIRST COMMUNION ___ CONFIRMATION	_____	_____ _____
2. NAME _____ _____		___ BAPTISM ___ FIRST COMMUNION ___ CONFIRMATION	_____	_____ _____
3. NAME _____ _____		___ BAPTISM ___ FIRST COMMUNION ___ CONFIRMATION	_____	_____ _____
4. NAME _____ _____		___ BAPTISM ___ FIRST COMMUNION ___ CONFIRMATION	_____	_____ _____
5. NAME _____ _____		___ BAPTISM ___ FIRST COMMUNION ___ CONFIRMATION	_____	_____ _____

PLEASE LIST ANY TALENTS, HOBBIES, and/or INTERESTS THAT YOU WOULD BE WILLING TO SHARE WITH THE ST. PETER COMMUNITY:

PLEASE LIST ANY NEEDS OR SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE US TO KNOW ABOUT: