ST. PETER THE APOSTLE CHURCH REGISTRATION

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				Last Name if different List in Order – Oldest to Youngest Children living at this address			Head of Household & Spouse First Name & Initial	Home Phone #	City	Address:	Family Name	1
		Last Name it different st in Order – Oldest to Younge Children living at this address			Single Married Widower Separated or Other							
	,			ingest iess			Married by the laws of the church Yes/No					
							Date of Birth Month/Day/ Year					Last
							Catholic Yes∕No	Cell Phone #	State			Last name only - please print
							Baptized Yes/No	ne#				please print
							First Communion Yes/No		Zip			
							Confirmed Yes/No					
							Attend Church (7 years & older) Weeldy/ Occassionally/ Rarely)					
							Blind/ Deaf/ Mentally Challenged/ Homebound/	Wife's Maiden Name:	Previous Parish:		Email:	
							Receiving Religious Instruction Yes/No	en Name:	ish:			Date:
s c							Occupation or School Attending					

521 Harmony Street Historic New Castle, DE 19720 parish@stpeternewcastle.org