

ST. PETER OF ALCANTARA PARISH

New Member Form

First Name: _____ Middle Name _____ Last Name _____

Date of Birth: _____ Date of Baptism _____ First Holy Communion _____

Church of Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Are you married? _____ Anniversary Date: _____

Are you divorced? _____ Name of Former Spouse: _____

In which Parish was the marriage blessed? _____

Name of the Priest _____ Name of the Church: _____

Diocese: _____

Person to contact in case of emergency/need

Name: _____

Home Phone: _____ Cell Phone: _____

Spouse Information

First Name: _____ Middle Name _____ Maiden _____

Last Name _____

Date of Birth: _____ Date of Baptism _____ First Holy Communion _____

Church of Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Are you divorced? _____ Name of Former Spouse: _____

Child Information

First Name: _____ Middle Name _____ Last Name _____

Date of Birth: _____ Date of Baptism _____ First Holy Communion _____

Church of Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child Information

First Name: _____ Middle Name _____ Last Name _____

Date of Birth: _____ Date of Baptism _____ First Holy Communion _____

Church of Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child Information

First Name: _____ Middle Name _____ Last Name _____

Date of Birth: _____ Date of Baptism _____ First Holy Communion _____

Church of Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child Information

First Name: _____ Middle Name _____ Last Name _____
Date of Birth: _____ Date of Baptism _____ First Holy Communion _____
Church of Baptism: _____
Church Address: _____ City: _____ State: _____ Zip: _____
Father's Name: _____ Mother's Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
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Child Information

First Name: _____ Middle Name _____ Last Name _____
Date of Birth: _____ Date of Baptism _____ First Holy Communion _____
Church of Baptism: _____
Church Address: _____ City: _____ State: _____ Zip: _____
Father's Name: _____ Mother's Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
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Child Information

First Name: _____ Middle Name _____ Last Name _____
Date of Birth: _____ Date of Baptism _____ First Holy Communion _____
Church of Baptism: _____
Church Address: _____ City: _____ State: _____ Zip: _____
Father's Name: _____ Mother's Name: _____
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