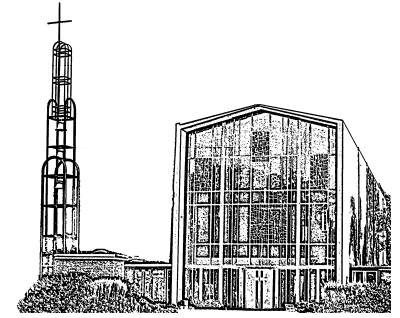


# St. Philip the Apostle Parish Registration Form



Last Name \_\_\_\_\_ Suffix \_\_\_\_ Jr. \_\_\_\_ Sr. \_\_\_\_ II \_\_\_\_ III

First Name \_\_\_\_\_ Title \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr.

Spouse's Name \_\_\_\_\_ Title \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr.

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Additional Telephone Number \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_ Other \_\_\_\_

2<sup>nd</sup> Residence Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Dates that you are at the 2<sup>nd</sup> Address \_\_\_\_\_ until \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse \_\_\_\_\_

Church of Marriage (include city and state) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

**Yourself:** Roman Catholic \_\_\_\_\_ Non Catholic \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Spouse:** Roman Catholic \_\_\_\_\_ Non Catholic \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Names of Children living with you under the age of 23. All children over the age of 23 should register on their own.**

- 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2) \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

All parishioners will receive contribution envelopes unless the parish office is otherwise notified.