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Return form to Church Office (hrs. 9-4) or drop
 in collection basket in an envelope marked
Registration Form for Front Office.

Today's Date: _____

Family Last Name: _____ Home Ph#: _____ Cell Ph#: _____ Email: _____
(This will not be used outside the Parish)

Mailing Address: (PO Box) _____ (Street) _____ City/State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____
(Must be someone not living with you, can be out of state)

Community, Park or Neighborhood Name: _____ Residency: Year round: ___ Seasonal: ___ If Seasonal, months AWAY: _____

Seasonal Address: _____ City/State: _____ Zip: _____

~ Please provide the following information for all individuals residing in your household ~

| MR/ MRS/ MS | FIRST NAME | MI | LAST NAME IF DIFF FROM FAMILY NAME or WIFE'S MAIDEN NAME | SEX M/F | BIRTH DATE | S M SEP DIV WID | RELIGION | BAPTISM Y/N | 1st COMM Y/N | CONFIRM ATION Y/N | OCCUPA TION or RETIRED |
|-------------------|------------|----|-------------------------------------------------------------------|------------|---------------|-----------------------------|----------|----------------|--------------------|-------------------------|---------------------------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| CHILD'S FIRST NAME | MI | LAST NAME IF DIFF FROM FAMILY NAME | SEX M/F | BIRTH DATE | RELIGION | BAPTISM Y/N | 1st COMM Y/N | CONFIR MATION Y/N | RECENT GRAD | ATTENDS REL. ED. Y/N |
|--------------------|----|---------------------------------------|------------|---------------|----------|----------------|-----------------|-------------------------|----------------|----------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |

MARITAL INFO: Married by Catholic Priest/Deacon Y/N Date: _____ Church: _____ Street/City/State/Zip: _____

~ If Child Attends Religious Education Please Note Where ~

CHILD'S NAME: _____ Parish/School: _____ **CHILD'S NAME:** _____ Parish/School: _____

~ Talents/Skill/Background (carpentry, cooking, sewing, painting, office work, banking, insurance, educational, etc) ~

Name: _____ **Skills:** _____

Name: _____ **Skills:** _____