

SS Peter and Paul Catholic Church

222 S. First Street, PO Box 224

Mazeppa, MN 55956

Phone: (507) 843-3885

parishadmin@sspnp.com

Household Last Name

Today's Date ____ / ____ / ____

Last Name _____ First _____

Last Name _____ First _____

Maiden Name (if applicable) _____

Address _____

Mailing address if different _____

City _____ State _____ Zip Code _____

Marital Status

Married

Widowed

Divorced

Single

Separated

Wedding Date ____/____/____ Place of Marriage _____

Married by a Catholic Priest ___ Yes ___ No, Married Civilly ___ Yes ___ No, Other _____

If transferring from another Parish, please provide name of parish and city.

Parish _____ City, State _____

Faith Information – check if relevant; fill in dates if known

Adult - Head

Adult

Religion _____

Religion _____

Birth Date & Gender (optional) _____

Birth Date & Gender (optional) _____

Baptism ___ No ___ Yes

Baptism ___ No ___ Yes

Confirmation ___ No ___ Yes

Confirmation ___ No ___ Yes

Occupation _____

Occupation _____

Primary Phone _____

Primary Phone _____

Emergency Phone _____

Emergency Phone _____

e-mail _____

e-mail _____

Interests, skills and talents we would like to seek or share within the Parish:

Dependent Children Living at Home

<p>Child's Name _____</p> <p>Birth Date _____ Gender _____</p> <p>Baptism ___ No ___ Yes Date: _____</p> <p>Place: _____</p> <p>1st Communion ___ No ___ Yes</p> <p>Confirmation ___ No ___ Yes</p> <p>Current grade in school _____</p> <p>Name of school _____</p>	<p>Child's Name _____</p> <p>Birth Date _____ Gender _____</p> <p>Baptism ___ No ___ Yes Date: _____</p> <p>Place: _____</p> <p>1st Communion ___ No ___ Yes</p> <p>Confirmation ___ No ___ Yes</p> <p>Current grade in school _____</p> <p>Name of school _____</p>
<p>Child's Name _____</p> <p>Birth Date _____ Gender _____</p> <p>Baptism ___ No ___ Yes Date: _____</p> <p>Place: _____</p> <p>1st Communion ___ No ___ Yes</p> <p>Confirmation ___ No ___ Yes</p> <p>Current grade in school _____</p> <p>Name of school _____</p>	<p>Child's Name _____</p> <p>Birth Date _____ Gender _____</p> <p>Baptism ___ No ___ Yes Date: _____</p> <p>Place: _____</p> <p>1st Communion ___ No ___ Yes</p> <p>Confirmation ___ No ___ Yes</p> <p>Current grade in school _____</p> <p>Name of school _____</p>
<p>Child's Name _____</p> <p>Birth Date _____ Gender _____</p> <p>Baptism ___ No ___ Yes Date: _____</p> <p>Place: _____</p> <p>1st Communion ___ No ___ Yes</p> <p>Confirmation ___ No ___ Yes</p> <p>Current grade in school _____</p> <p>Name of school _____</p>	<p>Other information we should know (allergies, health or faith needs)</p> <p>Attach additional information if necessary.</p> <p>Independent adult children need to register on their own.</p>