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)	
Mailing address if different	
	State Zip Code
Marital Status	
□ Married □	- Widowed □ Divorced Separated
Wedding Date/I	Place of Marriage
M ' II O d II D ' d Y	sNo, Married CivillyYesNo,Other
Married by a Catholic PriestYe	
•	please provide name of parish and city.
If transferring from another Parish,	please provide name of parish and city City, State
If transferring from another Parish,	
If transferring from another Parish,	
If transferring from another Parish, Parish	City, State
If transferring from another Parish, Parish Faith Informa	ation – check if relevant; fill in dates if known Adult
If transferring from another Parish, Parish Faith Informa Adult - Head	ation – check if relevant; fill in dates if known Adult Religion
If transferring from another Parish, Parish Faith Information Adult - Head Religion	ation – check if relevant; fill in dates if known Adult Religion
If transferring from another Parish, Parish	ation – check if relevant; fill in dates if known Adult Religion Birth Date & Gender (optional)
Faith Information No Yes Confirmation No Yes	City, State ation – check if relevant; fill in dates if known Adult Religion Birth Date & Gender (optional) Baptism No Yes Confirmation No Yes
If transferring from another Parish, Parish Faith Informate Adult - Head Religion Birth Date & Gender (optional) Baptism No Yes	Action – check if relevant; fill in dates if known Adult Religion Birth Date & Gender (optional) Baptism No Yes Confirmation No Yes Occupation
Faith Information No Yes Confirmation No Yes Occupation No Yes	Action – check if relevant; fill in dates if known Adult Religion Birth Date & Gender (optional) Baptism No Yes Confirmation No Yes Occupation Primary Phone

Dependent Children Living at Home

Childia Nama	Child's Name
Child's Name	Child's Name
Birth Date Gender	Birth Date Gender
BaptismNoYes Date:	BaptismNoYes Date:
Place:	Place:
1st Communion NoYes	1st Communion NoYes
Confirmation NoYes	Confirmation NoYes
Current grade in school	Current grade in school
Name of school	Name of school
Child's Name	Child's Name
Birth Date Gender	Birth Date Gender
BaptismNoYes Date:	BaptismNoYes Date:
Place:	Place:
1st Communion NoYes	1st Communion NoYes
Confirmation NoYes	Confirmation NoYes
Current grade in school	Current grade in school
Name of school	Name of school
Child's Name	Other information we should know (allergies, health or faith needs)
Birth Date Gender	
BaptismNoYes Date:	
Place:	
1st Communion NoYes	
Confirmation NoYes	
Current grade in school	
Name of school	Attach additional information if necessary.
	Independent adult children need to register on their own.