

WELCOME TO YOU!
ST. PAUL CHURCH REGISTRATION



DATE: _____

FAMILY LAST NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE NO.** _____

Contribution Envelope Number: _____

INDIVIDUAL INFORMATION

Your Name:		Spouse:
Birthday		Birthday
Baptized Catholic? Yes ____ No ____		Baptized Catholic? Yes ____ No ____
If Married, Anniversary Date		
Optional:		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

CHILDREN IN HOUSEHOLD:

Name of Child	Birthday	Baptism Date and Place	First Communion Date and Place	Confirmation Date and Place

OVER

- 1) What **special talents/gifts** do you have that you would like to share with St. Paul Church?
(Specify the name of the family member willing to share)

- 2) Do you have **special needs** St. Paul Church might help you with?
(Specify the name of the family member in need)

- 3) As you look over the list of various ministries at St. Paul Church in the Welcome Packet, are there any that you or any family members would like to be a part of or support?

You may put this form in the weekend collection or mail it to the Parish Office at:

**St. Paul Church
Attn: Mandy Bauer
824 Jefferson Street
Tell City, IN 47586
812-547-7994**

**Thank you for Registering at St. Paul Church!
We are glad you are among us!**