

# Registration Form

*Please complete the form below and return to us by mail or via the collection basket at Mass. Thank you!*



## St. Patrick Parish

29 Spring Street, Nashua, NH 03060  
Phone: (603) 882-2262

Email: [officespn@onecommail.com](mailto:officespn@onecommail.com)  
Fax: (603) 577-9817

Date form completed: \_\_\_\_\_

### FAMILY INFORMATION

Last (family) name: \_\_\_\_\_

Last (family, secondary if applicable) name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address (mailing): \_\_\_\_\_  
(Address) (City/State/Zip Code)

Address (geographic, if different): \_\_\_\_\_  
(Address) (City/State/Zip Code)

### INDIVIDUAL MEMBER INFORMATION

	<u>ADULT 1</u>	<u>ADULT 2</u>
Last Name		
First Name and Middle Initial		
Suffix		
Date of Birth (mm/dd/yy)		
Gender (circle)	M      F	M      F
Maiden (last) Name		
Marital Status (circle)	Single      Married      Separated Divorced      Widowed	Single      Married      Separated Divorced      Widowed
If Married, Date and Church		
Baptized Catholic?      Confirmed?	Yes/No      Yes/No	Yes/No      Yes/No
Religion (if not Catholic)		
E-mail Address		
Work Phone (include extension)		
Mass Attendance (circle)	Weekly      Occasionally Seldom      Never	Weekly      Occasionally Seldom      Never

### FINANCIAL SUPPORT OF THE CHURCH

To facilitate regular support of the parish, we encourage our parishioners to use weekly contribution envelopes.

I would like to receive envelopes (please circle):      Yes      No  
I would like to be contacted by the Parish      Yes      No

**CHILDREN/ELDERLY PARENTS**

1. The “child” entries below are for dependent children through college. “Independent” children living at home (having graduated from high school or college and now earning a living) should fill out their own registration form as a single adult.
2. Similarly, if there is a dependent parent at home, that person should fill out his/her own registration form as a single adult.

**Additional registration forms are available at the parish office or may be requested by e-mail at: [officespn@onecommail.com](mailto:officespn@onecommail.com)**

<u>Child's Full Name</u> <u>School, Grade</u> <u>E-mail Address</u>	<u>Date of Birth</u>	<u>SACRAMENTS</u>		
	<u>Gender</u>	<u>Please give date and place of applicable sacrament reception (if known)</u>		
		<b>Baptism</b>	<b>1<sup>st</sup> Eucharist</b>	<b>Confirmation</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				

**If you have more than five children, please attach a separate sheet with their information.**

**SPECIAL NEEDS**

Does anyone in your household have a special need/disability or an infirmity that keeps them homebound or in a nursing facility, that you would like us to know about? (circle)      Yes      No      Circle one:      Homebound      Nursing Home

If yes, who? \_\_\_\_\_ Would this family member like to receive Communion?      Yes      No

If local nursing home, which one? \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this family member have any other spiritual needs? \_\_\_\_\_