

**ST. PAULINUS CATHOLIC PARISH
REGISTRATION FORM**

Please enter today's date.

863 5th Street - Syracuse, NE - 68446
402.269.3382

Prior Parish of Registration (if in Nebraska): _____

Email completed form to stpaulinuschurch@gmail.com, mail to the Parish Office at the address above, drop it by the Parish Office, or simply drop the completed form off in the Sunday collection Basket.

Last Name:
Address:

Primary Phone:
City, State, Zip:

HEAD OF HOUSEHOLD INFORMATION

MALE		FEMALE	
First & Middle Name:		First & Middle Name:	
Nickname:		Nickname:	
Maiden Name:		Maiden Name:	
DOB & City, State Born In:		DOB & City, State Born In:	
Religion:		Religion:	
Baptism Date:	Church: City/St:	Baptism Date:	Church: City/St:
1 st Communion Date:	Church: City/St:	1 st Communion Date:	Church: City/St:
Confirmation Date:	Church: City/St:	Confirmation Date:	Church: City/St:
Occupation:		Occupation:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Marriage Date:	Name of Church: City/ST:	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
		Widowed <input type="checkbox"/>	Eccl. Annul. <input type="checkbox"/>

CHILDREN: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE AN ADDITIONAL COPY (THANK YOU)

Name(s): First and Middle (Include last name if different)	Gender	Date of Birth Mm/dd/yyyy City Born In	Date of Baptism Church City, ST	Date of 1 st Communion Church City, ST	Date of Confirmation Church City, ST	Name of School
						Name of School: Grade:
						Name of School: Grade:
						Name of School: Grade:
						Name of School: Grade:

☀ Does your family have any Sacramental needs? Baptism Confirmation Marriage Issues Converting to the Faith

If married is your marriage Catholic or Civil?