

St. Paul on the Lake Catholic Church New Parishioner Form

Member(s) Information

How would you like your name(s) displayed for mailing purposes? _____
 Previous parish (if applicable)? _____

Primary Address Information

Address _____
 City _____ State _____ Zip _____
 Phone # Cell Home _____
 My Information may be listed in the Parish Directory

Alternate Address

Address _____
 City _____ State _____ Zip _____
 Second Phone # Cell Home _____
 Duration of stay, From _____ To _____

Person 1 Information Head of Household Spouse Fiancé(e) Male Female Dr. / Miss / Mr. / Mrs. / Ms. / ____

First Name _____ Nick Name _____ Middle Name _____ Special Needs? _____
 Last Name _____ Suffix _____ Maiden Name _____
 Date of Birth _____ Religion? Roman Catholic Other _____ Occupation _____
 Cell Phone # _____ Email Address _____

Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
 1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
 Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
 Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____

Person 2 Information Head of Household Spouse Fiancé(e) Male Female Dr. / Miss / Mr. / Mrs. / Ms. / ____

First Name _____ Nick Name _____ Middle Name _____ Special Needs? _____
 Last Name _____ Suffix _____ Maiden Name _____
 Date of Birth _____ Religion? Roman Catholic Other _____ Occupation _____
 Cell Phone # _____ Email Address _____

Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
 1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
 Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
 Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____

Donations

Preferred donations method? Offertory Envelopes or Electronic Funds Transfer (EFT)? *If EFT, please return the EFT Authorization Form with this paperwork.*

Children

Number of Children _____ **Attending St. Paul School?** Yes No **More information about the School?** Yes No
Complete page 2 if you have children. **Attending Religious Education?** Yes No **More information about Religious Ed.?** Yes No

For Parish Office Use Only

Clergy _____ Envelope # _____ CSA # _____ ParishSoft _____

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Child 1 Information

Male Female Miss / Mr. / Mrs. / Ms. / _____ First Name _____ Nick Name _____
Middle Name _____ Last Name _____ Suffix _____
Date of Birth _____ Religion? Roman Catholic Other _____ Special Needs? _____
Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____

Child 2 Information

Male Female Miss / Mr. / Mrs. / Ms. / _____ First Name _____ Nick Name _____
Middle Name _____ Last Name _____ Suffix _____
Date of Birth _____ Religion? Roman Catholic Other _____ Special Needs? _____
Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____

Child 3 Information

Male Female Miss / Mr. / Mrs. / Ms. / _____ First Name _____ Nick Name _____
Middle Name _____ Last Name _____ Suffix _____
Date of Birth _____ Religion? Roman Catholic Other _____ Special Needs? _____
Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____

Child 4 Information

Male Female Miss / Mr. / Mrs. / Ms. / _____ First Name _____ Nick Name _____
Middle Name _____ Last Name _____ Suffix _____
Date of Birth _____ Religion? Roman Catholic Other _____ Special Needs? _____
Baptism Yes, Date ____ / ____ / ____ Place _____ City, State _____
1st Communion Yes, Date ____ / ____ / ____ Place _____ City, State _____
Confirmation Yes, Date ____ / ____ / ____ Place _____ City, State _____
Marriage Yes, Date ____ / ____ / ____ Place _____ City, State _____