

St. Peter Catholic Church

125 East 19th Avenue, Covington, LA 70433; 985-892-2422

Parishioner Registration Form

Heads of Household Member(s) Information

FAMILY NAME _____ First Name _____ Spouse _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

1) Member Name:

Last *(Maiden)* *First* *Middle* *Suffix*
Title (Circle, if preferred) Mr. Mrs. Miss Ms. Dr. Other _____

Date of Birth: _____ Gender: Male Female Nickname: _____

Religion: _____ Ethnicity: _____ Language: _____

Education: _____ Special Needs: _____
High School or College Level Reached / Degree attained

Occupation: _____ Business Phone: _____

Baptized: Yes / No 1st Communion: Yes / No Confirmed: Yes / No

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

2) Member Name:

Last *(Maiden)* *First* *Middle* *Suffix*
Title (Circle, if preferred) Mr. Mrs. Miss Ms. Dr. Other _____

Date of Birth: _____ Gender: Male Female Nickname: _____

Religion: _____ Ethnicity: _____ Language: _____

Education: _____ Special Needs: _____
High School or College Level Reached / Degree attained

Occupation: _____ Business Phone: _____

Baptized: Yes / No 1st Communion: Yes / No Confirmed: Yes / No

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Marriage Date: _____ Location: _____ Married in Catholic Church? Yes / No

Children at Home

Name	Male/ Female	Birth Date	Religion	Baptism	1 st Holy Communion	Confirmed	Grade/ College	School Attending
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		

Others at Home

Name (Relationship)	Male/ Female	Birth Date	Religion	Baptism	1 st Holy Communion	Confirmed
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No

If either spouse is NOT Catholic, please indicate how you would prefer Parish mailings to be addressed:

Both spouses listed: _____ Catholic Spouse only: _____

You will receive a designated envelope number after registration is complete. Would you like collection envelopes mailed to you? Yes ___ No ___

Please call the Rectory at 985- 892-2422, or email rectory@stpeterparish.com if you have any questions. This form may be dropped off at the office, mailed in, or placed in the Sunday collection.

For Office Use Only:

Date Registered: ____/____/____ Envelope # ____

Registration Information Entered: ____/____/____