

St. Peter Church  
 1104 Monroe Street  
 LaPorte, IN 46350  
 (219) 362-2509

Date: \_\_\_\_\_

Family Name \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Head of Household

Spouse

\_\_\_\_\_  
 (first name) (middle)

\_\_\_\_\_  
 (first name) (maiden)

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Baptism \_\_\_\_\_

Baptism \_\_\_\_\_

Eucharist \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Confirmation \_\_\_\_\_

Children: List dependent children under the age of 21, for whom you are responsible. Do not list married children, or those registered elsewhere. Out of school, and gainfully employed adult children, even if living at home, are to register under their own name as a single adult. For additional children, please use other side of form.

Child's First Name	Middle Name	Last Name	DOB	M/F	Baptism	Eucharist	Confirmation

Do any of the children attend parochial school \_\_\_\_\_ or parish R.E. classes \_\_\_\_\_?

Do any members in your family have special needs when attending liturgy?

Visual (sight) \_\_\_\_\_ Auditory (sound) \_\_\_\_\_