



St. Paul's R.C. Church
Bullville, New York 10915

Date: _____

Envelope # _____

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Email Address: _____

Cell Phone # _____

Marital Status: Single Married Single Parent Separated Divorced Widowed

Adult # 1: Mr. Mrs. Ms. Miss Dr.

First Name (include last name, if different) **Religion** **Birth Date** (Circle Sacraments received)
_____ _____ _____ **Baptism Penance Communion Confirmation**

Nickname: _____

Occupation (if Retired, former occupation): _____

Name of Firm: _____ **Work Phone #** _____

Sunday Mass Participation (circle one) **Occasional** **Weekly** **Non-attender**

Adult # 2: Mr. Mrs. Ms. Miss Dr.

First Name (include last name, if different) **Religion** **Birth Date** (Circle Sacraments received)
_____ _____ _____ **Baptism Penance Communion Confirmation**

Nickname: _____

Occupation (if Retired, former occupation): _____

Name of Firm: _____ **Work Phone #** _____

Sunday Mass Participation (circle one) **Occasional** **Weekly** **Non-attender**

Other side 

In addition to attending Sunday Mass, members of St. Paul's are encouraged to become actively engaged in other aspects of our Community-Life. Below are various ways in which you can be personally involved:

Please place an **X** next to area(s) of interest

- Choir
 Minister of the Word
 Minister of the Eucharist
 Greeter
 Religious Education
 Fundraiser
 Clerical Assistance
 Maintenance
 Youth Ministry
 Hospitality
 Christian Services
 Social Activities
 Liturgy/Art & Environment
 Other _____

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Is there an elderly or infirm person (shut-in) living in your home? Yes No Name: _____

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Children living at Address

(include Last name, if different)

Birth Date

Baptism

(*Sacraments received*)

Penance

Communion

Confirmation

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Adult children 21 yrs. and older, living at same address, **must** fill out a separate Registration Form)*

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Additional Comments: