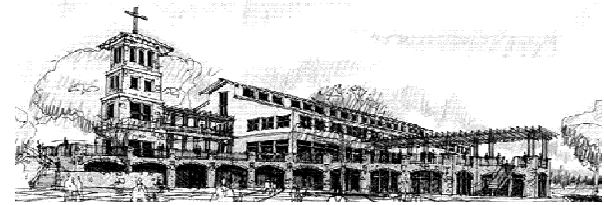


Office Use:
 Env.# _____
 Area # _____

Parish Registration

St. Peter the Apostle Parish
 202 W. Kronkosky St. ~ Boerne, TX, 78006
 830.816.2233 Fax 830.249.6175
 www.stpetersboerne.com



Today's Date: _____

Name: _____ Spouse Name: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address (if different): _____ City: _____ Zip: _____

Home Phone: (_____) _____

May we list your home phone? Yes No

Cell Phone (Head): (_____) _____

Cell Phone (Spouse): (_____) _____

Primary email address: _____ I prefer to make my offertory by: Envelope Bank Draft Credit Card

Occupation	Place of Work & Phone #
------------	-------------------------

Head: _____ Head: _____

Spouse: _____ Spouse: _____

Special Interests/Talents or Needs? _____

Sacraments-
 Please check
 those celebrated

Title	Mr/Mrs/Miss/Ms/Dr etc.	First Name	Last Name (if different)	Gender	Birthdate	Religion	Language(s)	Baptism	Reconciliation	Eucharist	Confirmation	Marital Status (M D W S)	Marriage Date
Self					___/___/___								
Spouse					___/___/___								
Children													Current Grade (or upcoming) & Name of School
					___/___/___								
					___/___/___								
					___/___/___								
					___/___/___								
					___/___/___								

*****All information is for church use only and will be kept private and confidential.*****