



St. Philip the Apostle Catholic Church
One bread, one body—a community for all!

Office Use Only
 Envelope # _____

PARISH REGISTRATION FORM

Date: _____ New Member Change in registration information How long have you been attending St. Philip the Apostle Church? _____

Family Name: _____ Home Phone: _____ Languages at home: _____

Home Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from home address): _____ City: _____ State: _____ Zip: _____

Self Email: _____ Cell Phone: _____ Employer: _____ Work Phone: _____

Spouse Email: _____ Cell Phone: _____ Employer: _____ Work Phone: _____

Marital Status (Please Circle one): Married Single Widowed Separated Divorced

Would you like to receive the Sunday envelopes? Yes No

Title: Mr. & Mrs. Mr. Mrs. Ms. Dr. Miss Dr. & Mrs. Other _____

or
 Would you like to sign up with Faith Direct? Yes No

	First Name	Gender M/F	Living at Home Y/N	Birth Date (mm/dd/yy)	Religion	Baptized? Y/N	First Communion? Y/N	Confirmed? Y/N	Occupation/ School and Grade
Self				/ /					
Spouse				/ /					
Child				/ /					
Child				/ /					
Child				/ /					
Child				/ /					
Other				/ /					

I am interested in volunteering. Committees or Ministries you are interested in joining _____