# PARISH REGISTRATION FORM

## ST. PETER THE APOSTLE CATHOLIC CHURCH

## 2907 Woodall Rodgers Freeway

## Dallas, TX 75204

## 214.855.1384 (office)

We welcome all who pray at St. Peter's Church and invite you to join us in becoming a member of our parish. Please submit this form during any collection or forward to the Parish Office.

**FAMILY NAME:** _____ **PHONE:** _____

**ADDRESS:** _____ **APT NO.** _____

**CITY:** _____ **STATE:** _____ **ZIP:** _____

**REGISTER MEMBERS**:

*Single Person:*

First Name: _____ Date of Birth: _____ Place of Birth: _____

*Family:*

First Name: _____ Date of Birth: _____ Place of Birth: _____
(husband)

First Name: _____ Date of Birth: _____ Place of Birth: _____
(wife)

Sacrament of Marriage – Date: _____ Church: _____

Civil Marriage – Date:_____ Place: _____

*List Children (up to age 18):*

NAME DATE OF BIRTH PLACE OF BIRTH

_____

_____

_____

_____

I/We would like to support the church financially by: □ Check □ **Envelope** *(check here if you'd like to receive annual personalized envelopes)*

Signature: _____ Date: _____