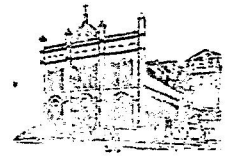




SAINTS PETER and PAUL CATHEDRAL

22 Kronprindsens Gade



www.cathedralvi.com

SAINTS PETER AND PAUL CATHEDRAL

PARISH REGISTRATION

DATE: _____ ENVELOPE #: _____

Last (Family) Name: _____

Mailing Address: _____

Physical Address: _____

Home Telephone Number: _____ Number of years in the Parish: _____

Marital Status (Check one): Married Single Divorced Separated Widowed

Where you married in a Catholic Church?: Yes No / If yes where?: _____

Husband's Name: _____ Date of Birth: _____

Catholic?: Yes No Occupation: _____

Work Telephone: _____ Cell Phone: _____ Email: _____

Wife's Name: _____ Date of Birth: _____

Catholic?: Yes No Occupation: _____

Work Telephone: _____ Cell Phone: _____ Email: _____

Dependent Children living at home:

Name	Date of Birth	Baptized Yes/No?	First Communion Yes/No?	Confirmation Yes/No?
1.				
2.				
3.				
4.				
5.				

P.O. Box 301767 • St. Thomas, VI 00803

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