

SS. PETER & PAUL PARISH + 260 N. Third St, Lehigh, PA 18235 + 610-377-3690 + Fax 610-377-0721 + Email: sspp@ptd.net

PARISHIONER INFORMATION rev 02/2024 + **IMPORTANT:** *The information you provide will be for church use only.*

Family (Last) Name: _____ Tel (land): _____

Street Address _____ Mailing address (if different): _____

City _____ Zip Code: _____ (Twp _____)

____ Parishioners registering for the first time or in new circumstances. ____ Registered parishioners who wish to remain as such.

____ Registered parishioners who wish to remain as such, even though we(I) do not attend Mass regularly.

We would appreciate any insight explain why you longer attend _____

____ Registered but wish to be removed. If you wish, please explain why you want to be removed _____

Couples: Please complete for both, even if non-Catholic		
	First Name	
	Middle Name	
	Last Name	
	Maiden Name	
M or F	Gender (circle one)	M or F
	Date of birth	
	Religion	
Cradle / Convert	If Catholic, Cradle or Convert? (circle one)	Cradle / Convert
	Place of Baptism	
Yes or No	First Communion (circle one)	Yes or No
	Place of First Communion	
Yes or No	Confirmation (circle one)	Yes or No
	Place of Confirmation	
S M W D LT	Single, Married, Widowed, Divorced, Living Together (circle)	S M W D LT
Place of Marriage		Date of Marriage:
Performed by Catholic priest or deacon? Yes or No	If not, with church permission to do otherwise?	Yes or No
Yes or No	If divorced, was marriage annulled by the Catholic Church?	Yes or No
	Occupation (list even if retired)	
	Cell #	
	Email	

<i>If your children are no longer your dependents, please do not list below. Instead, contact the parish office; adults should complete their own form.</i>					
	Dependent Child (1)	Dependent Child (2)	Dependent Child (3)	Dependent Child (4)	Dependent Child (5)
First Name					
Middle Name					
Last Name					
Gender	M or F	M or F	M or F	M or F	M or F
Date of Birth					
Baptized Catholic	Y or N	Y or N	Y or N	Y or N	Y or N
Place of Baptism					
First Communion	Y or N	Y or N	Y or N	Y or N	Y or N
Confirmation	Y or N	Y or N	Y or N	Y or N	Y or N

Is there anything you would like us to know about you or any way the parish could be of assistance to you?

Are there any areas of interest and/or expertise that you would like to offer the parish?

Would you like Father to bless your home? Yes or No

FOR OFFICE USE ONLY	Recorded by:	BWAC	AD Times	Date registered (if app) ___/___/___
	Notes:	_____	_____	_____