



St. Patrick Catholic Church

2121 16th Ave. SW. Largo, Florida 33770

PARISH REGISTRATION FORM

Today's Date: _____

Residential Status: ☐ Seasonal ☐ Year Round

Please complete the entire form. If the requested information does not apply to you, enter N/A

Head of Household Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Other _____

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Marital Status: ☐ single ☐ married ☐ separated ☐ divorced ☐ annulment ☐ widow/widower

Religion: ☐ Catholic ☐ Other: _____ Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation ☐ Marriage

Spouse / Other Adult Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Other _____

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Relationship to Head of Household: ☐ spouse ☐ parent ☐ child ☐ sibling ☐ relative ☐ friend other _____

Marital Status: ☐ single ☐ married ☐ separated ☐ divorced ☐ annulment ☐ widow/widower

Religion: ☐ Catholic ☐ Other: _____ Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation ☐ Marriage

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation
