



*Welcome and thank you for registering
to join our parish community*

Please complete the following Parishioner Registration form
and return it to the Parish Center

by email to

office@stpeteritasca.com

or

print and return in person or by mail to

St. Peter the Apostle Catholic Church
551 N. Rush Street
Itasca, Illinois 60143

If you have any questions, please call the office at 630-773-1272 (ext. 200)

FAMILY NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARISH COMING FROM: _____

Do you want end of the year tax statement?
Circle one:
YES NO

HEAD OF HOUSEHOLD: _____ (First & Middle Name, Maiden Name if Applicable)

D.O.B. _____ RELIGION: _____

Do you regularly attend Mass? yes _____ no _____ At St. Peter the Apostle? yes _____ no _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Occupation: _____ Company Name: _____

Business Address: _____ Business Phone: _____

Home E-Mail Address _____ Work E-Mail Address _____

Baptized: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Communion: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Confirmation: Name of Church: _____
Address: _____
City, State: _____
Date: _____

SPOUSE: _____ (First, Middle, & Maiden Name if Applicable)

D.O.B. _____ RELIGION: _____

Do you regularly attend Mass? yes _____ no _____ At St. Peter the Apostle? yes _____ no _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Occupation: _____ Company Name: _____

Business Address: _____ Business Phone: _____

Home E-Mail Address _____ Work E-Mail Address _____

Baptized: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Communion: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Confirmation: Name of Church: _____
Address: _____
City, State: _____
Date: _____

MARRIAGE: Name of Church _____
If not Church where? _____
Address: _____
City, State: _____
Date: _____
Were you married by a Catholic Priest or Catholic Deacon? _____

LIST DEPENDENTS ONLY

CHILD: _____ (First & Middle Name)
DOB: _____ **SEX** M / F **RELIGION:** _____
School _____ **GRADE** _____ **Attends Mass?** yes _____ no _____
Attends Religious Education? yes _____ no _____ **If yes where?** _____

Baptized: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Communion: Name of Church: _____
Address: _____
City, State: _____
Date: _____

Confirmation: Name of Church: _____
Address: _____
City, State: _____
Date: _____

CHILD: _____ (First & Middle Name)
DOB: _____ **SEX** M / F **RELIGION:** _____
School _____ **GRADE** _____ **Attends Mass?** yes _____ no _____
Attends Religious Education? yes _____ no _____ **If yes where?** _____

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Address: _____
City, State: _____
Date: _____

CHILD: _____ (First & Middle Name)
DOB: _____ **SEX** M / F **RELIGION:** _____
School _____ **GRADE** _____ **Attends Mass?** yes _____ no _____
Attends Religious Education? yes _____ no _____ **If yes where?** _____

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City, State: _____
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LIST DEPENDENTS ONLY

CHILD: _____ (First & Middle Name)

DOB: _____ **SEX** M / F **RELIGION:** _____
School _____ **GRADE** _____ **Attends Mass** yes _____ no _____
Attends Religious Education yes _____ no _____ **If yes where:** _____

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Attends Religious Education yes _____ no _____ **If yes where:** _____

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CHILD: _____ (First & Middle Name)

DOB: _____ **SEX** M / F **RELIGION:** _____
School _____ **GRADE** _____ **Attends Mass** yes _____ no _____
Attends Religious Education yes _____ no _____ **If yes where:** _____

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