

Master Records Form. Please Fill Out Completely.

Name _____ Nickname _____

Address _____ City _____ State ____ Zip _____

Phone Number (H) _____ (W) _____ (C) _____

Email Address _____

Date of Birth _____ Sex: M F Marital Status: M S W D R

Date of Baptism _____ Parish/Church _____ Location _____

Date of Confirmation _____ Parish/Church _____ Location _____

Date of Marriage _____ Name of Spouse _____

Dependent Children:

Name (Last name if different)	Date of Birth	Date of Baptism	Date of Confirmation (If you don't know the dates, but the child has been baptized and/or confirmed, please place an "X")
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Relatives:

(If Members at St. Paul)

Name (Last name if different)	Relationship
_____	_____
_____	_____
_____	_____

Previous Church Membership:

Church Name _____ Denomination _____ Location _____

Father's Full Name _____ Mother's Maiden Name _____

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(For Office Use Only)

How Received: Confirmation | Profession of Faith | Transfer

ICE Breakers Class? Yes No If yes, date _____

Date of Membership Class _____