

# SAINT PAUL VI PARISH REGISTRATION FORM

Family Name: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Env # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Head of Household: Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Spouse: Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 email address: \_\_\_\_\_

Please send me donation envelopes.

Please add me to the email list.

First, middle names (& maiden) of people living in your home	* Relation	Religion	** Marital Status	Date of Birth
Head of Household:				
Spouse:				
Child 1				
Child 2				
Child 3				
Child 4				

Please return form to: \_\_\_\_\_

St. Paul VI Parish  
 40 E. Burlington  
 Riverside, IL 60546

Any questions:  
 708-447-1020

\* Relation to Head of Household: Wife, Husband, Child, Parent, Brother, Sister, Friend, Other

\*\* Married, Single, Widow(er), Remarried, Engaged, L = Separated or Divorced

website: [www.stpaulviparish.org](http://www.stpaulviparish.org)

email: [stpaulviinfo@stpaulviparish.org](mailto:stpaulviinfo@stpaulviparish.org)

Please mark (x) on sacraments received.

	Religion	Baptized	Church	City/State	First Comm	Penance	Confirm
Head of Household:							
Spouse:							

Wedding Date: \_\_\_\_\_

Church: \_\_\_\_\_

	Religion	Baptized	Church	City/State	First Comm	Penance	Confirm
Child 1							
Child 2							
Child 3							
Child 4							

	Occupation	Employer	Employer Address
Head of Household:			
Spouse:			