



## Parish Registration Form

**Please mail or fax in your form to:**  
 St. Peter in Chains Church  
 382 Liberty Ave., Hamilton, OH 45013  
 513-863-1257 (fax)

**Head of Household**

Last Name	First Name	MI	Birthdate (Mo/Day/Yr.)
Employer	Occupation	Cell Phone	Work Phone

**Spouse**

Maiden Name	First Name	MI	Birthdate (Mo/Day/Yr.)
Employer	Occupation	Cell Phone	Work Phone

**Address**

Street No.	Street Name	Zip Code	Home Phone	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
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**Marital Status**

Single     
  Widow(er)     
  Divorced     
 **Married by**  Priest     Other  
 Married     
  Separated

Religious Affiliation			
	Catholic	Protestant	Other
Head			
Spouse			

Sacraments Received				
	Baptism	Penance	Eucharist	Confirmation
Head				
Spouse				

Please let us know if you how you might like to get involved:

Parish Activities \_\_\_\_\_

And \_\_\_\_\_

Organizations \_\_\_\_\_

Notes on the above \_\_\_\_\_

Others Living at Home			Date of Birth			Sacraments Received				School Attending or Employer		Attending PREP		
First Name	Last Name (if Different)	Sex	Mo	Day	Yr	Bapt	Pen	Euch	Conf			Yes	No	Grade

Comments

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