

Membership Information



St. Peter Catholic Church

614 N. Defiance St. - Archbold, Ohio

419-446-9288

FAMILY NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE No. _____

MARITAL STATUS _____

DATE _____

HEAD OF HOUSEHOLD

First Name _____

Date of Birth _____

Middle Initial _____

Employer _____

Last Name _____

Work Phone _____

Maiden Name _____

Religion _____

Ministries _____

Attend Mass
(check one)

Always

Usually

Seldom

HEAD OF HOUSEHOLD SACRAMENT RECORD

	Date	Church	City	State
Baptism				
Reconciliation				
Communion				
Confirmation				
Marriage				

SPOUSE INFORMATION

First Name _____

Date of Birth _____

Middle Initial _____

Employer _____

Last Name _____

Work Phone _____

Maiden Name _____

Religion _____

Ministries _____

Attend Mass
(check one)

Always

Usually

Seldom

SPOUSE SACRAMENT RECORD

	Date	Church	City	State
Baptism				
Reconciliation				
Communion				
Confirmation				

CHILDREN

Number of Children

(Please list names below)

Additional Comments _____

LIST ALL CHILDREN LIVING AT HOME (additional sheets available if needed)

Name _____

Date of Birth _____

City _____

State _____

SACRAMENTS	DATE	CHURCH	CITY	STATE
Baptism				
Reconciliation				
Communion				
Confirmation				

Name _____

Date of Birth _____

City _____

State _____

SACRAMENTS	DATE	CHURCH	CITY	STATE
Baptism				
Reconciliation				
Communion				
Confirmation				

Name _____

Date of Birth _____

City _____

State _____

SACRAMENTS	DATE	CHURCH	CITY	STATE
Baptism				
Reconciliation				
Communion				
Confirmation				

Name _____

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SACRAMENTS	DATE	CHURCH	CITY	STATE
Baptism				
Reconciliation				
Communion				
Confirmation				