



St. Patrick Church

3350 South Alameda
Corpus Christi, Texas 78411
(361) 855-7391

PARISH REGISTRATION FORM

OFFICE USE ONLY	
OSV	_____
ACT	_____
ST	_____
COMP	_____
LETTER	_____
LABEL	_____
LIST	_____
ENV #	_____

Date: _____

I understand that by becoming a member of the St. Patrick Community, I am called to:

1. Attend Mass regularly at this parish.
2. Use my Sunday collection envelopes.
3. Support the Ministries of my parish.

X _____
Signature

How should mail to your home be addressed? (Circle One)

Dr. & Mrs. Mr. & Mrs. Mr. Mrs. Ms. Miss

FAMILY INFORMATION

Last Name: _____

Home Phone: () - Unlisted: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Family E-Mail: _____

In your house are all Catholic? Yes Mixed? _____

Primary language spoken in your home: _____

Please circle the Ministries or Groups you would like to join.

Parish Ministries & Groups

A.C.T.S.	Lectors
Altar & Rosary Society	Men's 1 st Friday Mass
Altar Servers	Prayer Blanket Ministry
Autumn Leaves	Prayer Group
Bible Study	R.C.I.A
Caring Friends	Religious Ed. / CCD
Choir – Adult / Children	Rosary Group
Eucharistic Ministers	St. Vincent de Paul
Health Ministry	Sunday Nursery
Journey to Damascus	Ushers
Knights of Columbus	Youth Ministry

Stewardship – A Way of Life

Be A Steward of Talent	Be A Steward of Time	Be A Steward of Treasure
Develop your talents. Use your gifts to help change the lives of others.	Examine how you use your time. For a week, note the time spent with family, at work, etc.	Everything you have is a gift from God.
Rejoice in your talents. God has given you unique gifts.	Set Goals. Think about what you want to achieve with your life.	Stewardship means returning the first portion of all God has given to you as a way to thank Him.
Use your talents. Share your talents with your parish community	Make specific plans. Set aside time to help out at church.	Be content with enough. Learn to distinguish your needs from your wants. Enough of anything is all you need.

HEAD OF HOUSHOLD

First Name: _____ Middle Name: _____ Last Name: _____

Cell Phone: () - Work Phone: () - E-Mail: _____

Birthday: ____ / ____ / ____ Sex: M F Religion: Catholic Other: _____

Marital Status: (Circle One) Single Married Divorced Separated Widowed Ethnic Background: _____

If Married, please complete the following: Church Marriage Date: ____ / ____ / ____ Civil Marriage Date: ____ / ____ / ____

Church Name: _____ City: _____ State: _____

SACRAMENTS

	Baptism	Y	N	Reconciliation	Y	N	Communion	Y	N	Confirmation	Y	N
Date:												
Church:												
City/State:												

SPOUSE

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Ethnic Background: _____

Cell Phone: () - Work Phone: () - E-Mail: _____

Birthday: ____ / ____ / ____ Sex: M F Religion: Catholic Other: _____

SACRAMENTS

	Baptism	Y	N	Reconciliation	Y	N	Communion	Y	N	Confirmation	Y	N
Date:												
Church:												
City/State:												

ST. PATRICK CHURCH REGISTRATION FORM CONTINUED

CHILD 1								
First Name: _____		Middle Name: _____		Last Name: _____				
Birthday: ____ / ____ / ____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____				
School: _____		Grade: _____		Ethnic Background: _____				
SACRAMENTS								
	Baptism	Y N	Reconciliation	Y N	Communion	Y N	Confirmation	Y N
Date:								
Church:								
City/State:								

CHILD 2								
First Name: _____		Middle Name: _____		Last Name: _____				
Birthday: ____ / ____ / ____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____				
School: _____		Grade: _____		Ethnic Background: _____				
SACRAMENTS								
	Baptism	Y N	Reconciliation	Y N	Communion	Y N	Confirmation	Y N
Date:								
Church:								
City/State:								

CHILD 3								
First Name: _____		Middle Name: _____		Last Name: _____				
Birthday: ____ / ____ / ____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____				
School: _____		Grade: _____		Ethnic Background: _____				
SACRAMENTS								
	Baptism	Y N	Reconciliation	Y N	Communion	Y N	Confirmation	Y N
Date:								
Church:								
City/State:								

CHILD 4								
First Name: _____		Middle Name: _____		Last Name: _____				
Birthday: ____ / ____ / ____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____				
School: _____		Grade: _____		Ethnic Background: _____				
SACRAMENTS								
	Baptism	Y N	Reconciliation	Y N	Communion	Y N	Confirmation	Y N
Date:								
Church:								
City/State:								

CHILD 5								
First Name: _____		Middle Name: _____		Last Name: _____				
Birthday: ____ / ____ / ____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____				
School: _____		Grade: _____		Ethnic Background: _____				
SACRAMENTS								
	Baptism	Y N	Reconciliation	Y N	Communion	Y N	Confirmation	Y N
Date:								
Church:								
City/State:								