

**CATHEDRAL PARISH OF SAINT PATRICK
HARRISBURG, PA**

REGISTRATION FORM

Family Name: _____

OFFICE USE ONLY: ID # _____
DATE REGISTERED: _____
ENTERED BY: _____

Street Address/PO Box #: _____

City/State/Zip Code: _____

.....
*MEMBER INFORMATION

	HEAD	SPOUSE	CHILD	CHILD
FIRST NAME				
MIDDLE NAME				
LAST/MAIDEN				
MARITAL STATUS Include Wedding date if married				
RELIGION				
GENDER				
BIRTH DATE				
OCCUPATION				
HOME/MOBILE/WORK PHONE #				
EMAIL ADDRESS				
SCHOOL ATTENDING GRADE				
ETHNICITY				
SACRAMENTS RECEIVED • Please circle	Baptism /date: First Communion /date: Confirmation/date:	Baptism /date: First Communion /date: Confirmation/date:	Baptism /date: First Communion /date: Confirmation/date:	Baptism /date: First Communion /date: Confirmation/date:

PLEASE EMAIL A DIGITAL PHOTO OF YOURSELF TO cathedralsecretary@hbgdiocese.org FOR OUR RECORDS.

Please return to: Cathedral Parish of Saint Patrick, 212 State Street, Harrisburg, PA 17101

PLEASE use back of form if there are more children to add.

THANK YOU!