



**Welcome** to St. Peter Roman Catholic Church, a Parish Home to Grow in Holiness!

100 Argyle St., Regina, SK S4R 4C3 [stpeterregina.ca](http://stpeterregina.ca) [stpete@sasktel.net](mailto:stpete@sasktel.net) 306-545-4411

Today's Date (Year/Month/Day)

Family Last Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Address (& postal code): \_\_\_\_\_

God is always giving here – in baptism, Masses, forgiveness, marriage, fulfillment in good works, etc. Would you help with associated costs by using donation envelopes? Weekly  Monthly

In the headings ↘ : "Other

<i><b>NOTE: please put "first names" and "last names" as shown on Canadian ID / immigration papers.</b></i>	Main Contact(s)		Child <input type="checkbox"/> / Other <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/>
	Adult Male	Adult Female	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Male <input type="checkbox"/> / Female <input type="checkbox"/>
Last Name (Family Surname)						
First Name						
Middle Name(s)						
Marital Status						
Maiden Name if Married	(Not applicable.)					
Relationship to Main Contact(s)	↔					
Date of Birth (Year / Month / Day)						
Cell Phone Number						
Email Address (you can use 2 lines)						
Receive Bulletin at this email? (Y/N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic or Other Religion (Specify?)						
Interested in Volunteering as Choir Member, Reader, etc.? (Specify?)						
Occupation <b>or</b> School and Grade						
Parish where Baptised, City, and Year (Approximate if Unsure)						
Had Confirmation, First Communion?	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Com. <input type="checkbox"/>
Parish(es) of Marriage/Convalidation						
Date(s) of Marriage/Convalidation						

**Would you like to add any comments, details/clarifications, requests, and/or more family members?** Yes  / No  **If yes, please use page 2.**

Other Members of this Household (at the Same Address, Continued from Page 1)

	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>	Child <input type="checkbox"/> / Other <input type="checkbox"/> , Male <input type="checkbox"/> / Female <input type="checkbox"/>
Last Name (Surname) if Different						
First Name						
Middle Name(s)						
Marital Status						
Maiden Name if Married						
Relationship to Main Contact(s)						
Date of Birth (Year / Month / Day)						
Cell Phone Number						
Email Address (you can use 2 lines) Receive bulletin by email? (Y/N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic or Other Religion (Specify?)						
Interested in Volunteering as Choir Member, Reader, etc.? (Specify?)						
Occupation or School and Grade						
Parish where Baptised, City, and Year (Approximate if Unsure)						
Had Confirmation, First Communion?	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>	Conf. <input type="checkbox"/> First Comm. <input type="checkbox"/>
Parish(es) of Marriage/Convalidation						
Date(s) of Marriage/Convalidation						

**Thank you for joining St. Peter Parish! If you change address or phone number, please let us know;** this is needed for tax receipt accuracy, and for pastoral visits (if requested).

Comments,  
Requests,  
Further  
Info: