



# St. Patrick Catholic Parish – Pasco

Family Registration  
 1320 W Henry Pasco, WA 99301 (509) 547-8841 FAX (509) 547-3604

Reg. Date: \_\_\_\_\_  
 Parish Status: \_\_\_\_\_  
 ENV#: \_\_\_\_\_

## Family Information

Family Last Name: \_\_\_\_\_ Parent(s) First Name(s): \_\_\_\_\_ and \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Family email: \_\_\_\_\_  
 Emergency Ph.(\_\_\_\_) \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

## Individual Member Information

Language: \_\_\_\_\_

## Dependent / Children Information

Role	Head of household / Husband / Wife	Head of household / Husband / Wife	Child	Child	Child
First Name					
Last Name					
Gender	Circle M F	Circle M F	Circle M F	Circle M F	Circle M F
Date of Birth	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Cell Number					
Job Title/ Employer			Place of Birth	Place of Birth	Place of Birth

## Sacramental Information

Baptized?	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No
Church of Baptism					
Catholic?					
First Com- munion	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No
Confession	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No
Confirma- tion	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No	Circle Yes No
Marital Sta- tus	Single Divorced Married Widow	Single Divorced Married Widow			
Catholic Marriage?	Circle Yes No	Circle Yes No			
Date					
Place					

## Other Information

Allergies					
Special Needs					
			Religious Ed.: Eng K-5 Spn. K-5 Youth 6-12	Religious Ed.: Eng K-5 Spn. K-5 Youth 6-12	Religious Ed.: Eng K-5 Spn. K-5 Youth 6-12