

Please complete and return to
Parish Office. Thank You

St. Philip Parish
Administrative Center
114 Berry Street, Pittsburgh, PA 15205
(412) 922-6300
Rev. James R. Torquato
Pastor

REGISTRATION FORM

PLEASE PRINT

FAMILY MAILING ADDRESS: _____ **ID/ENVELOPE:** _____
FAMILY NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIPCODE:** _____
PHONE NUMBER: _____ **HOME** _____ **CELL** _____ **OFFICE** _____
EMAIL: _____ **SEND EMAIL WHENEVER POSSIBLE: YES / NO**

MEMBERS INFORMATION:

HEAD OF HOUSEHOLD: Mr. ___ Mrs. ___ Miss ___ _____
First Name **Maiden Name**

MARITAL STATUS: Church marriage ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed ___

DATE OF MARRIAGE: _____ **CHURCH OF MARRIAGE:** _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** Male ___ Female ___

RELIGION: _____ **Church Where Baptized:** _____

SACRAMENTS RECEIVED: First Communion ___ Confirmation ___ Church _____

Note: Pittsburgh Catholic Newspaper available in church vestibule.

SPOUSE: Mr. ___ Mrs. ___ Miss ___ _____
First Name **Maiden Name**

MARITAL STATUS: Church marriage ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed ___

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** Male ___ Female ___

RELIGION: _____ **Church Where Baptized:** _____

SACRAMENTS RECEIVED: First Communion ___ Confirmation ___ Church _____

CHILD ___ **YOUNG ADULT** ___ **NAME:** _____ **LAST NAME** _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** Male ___ Female ___

IF ADULT: Mr. ___ Mrs. ___ Miss ___ **STATUS (Circle One):** Single / Separated / Divorced / Married

CHURCH WHERE BAPTIZED: _____ **CITY, STATE:** _____

SCHOOL ATTENDING: _____ **GRADE:** _____ **ATTENDS CCD: YES / NO**

SACRAMENTS RECEIVED: First Communion ___ Confirmation ___ **Will Attend CCD: YES ___ No ___**

CHURCH WHERE SACRAMENTS RECEIVED: _____

CHILD ____ **YOUNG ADULT** ____ NAME: _____ LAST NAME _____
DATE OF BIRTH: _____ AGE: _____ SEX: Male ____ Female ____
CHURCH WHERE BAPTIZED: _____ CITY, STATE: _____
SCHOOL ATTENDING: _____ GRADE: _____ ATTENDS CCD: YES / NO
SACRAMENTS RECEIVED: First Communion ____ Confirmation ____ Will Attend CCD: YES ____ No ____
CHURCH WHERE SACRAMENTS RECEIVED: _____

CHILD ____ **YOUNG ADULT** ____ NAME: _____ LAST NAME _____
DATE OF BIRTH: _____ AGE: _____ SEX: Male ____ Female ____
CHURCH WHERE BAPTIZED: _____ CITY, STATE: _____
SCHOOL ATTENDING: _____ GRADE: _____ ATTENDS CCD: YES / NO
SACRAMENTS RECEIVED: First Communion ____ Confirmation ____ Will Attend CCD: YES ____ No ____
CHURCH WHERE SACRAMENTS RECEIVED: _____

CHILD ____ **YOUNG ADULT** ____ NAME: _____ LAST NAME _____
DATE OF BIRTH: _____ AGE: _____ SEX: Male ____ Female ____
CHURCH WHERE BAPTIZED: _____ CITY, STATE: _____
SCHOOL ATTENDING: _____ GRADE: _____ ATTENDS CCD: YES / NO
SACRAMENTS RECEIVED: First Communion ____ Confirmation ____ Will Attend CCD: YES ____ No ____
CHURCH WHERE SACRAMENTS RECEIVED: _____

CHILD ____ **YOUNG ADULT** ____ NAME: _____ LAST NAME _____
DATE OF BIRTH: _____ AGE: _____ SEX: Male ____ Female ____
CHURCH WHERE BAPTIZED: _____ CITY, STATE: _____
SCHOOL ATTENDING: _____ GRADE: _____ ATTENDS CCD: YES / NO
SACRAMENTS RECEIVED: First Communion ____ Confirmation ____ Will Attend CCD: YES ____ No ____
CHURCH WHERE SACRAMENTS RECEIVED: _____

COMMENTS OR REMARKS _____

COMPLETED BY: _____ **DATE:** _____