

St. Paul of the Cross Parish

320 S. Washington, Park Ridge, IL 60068

847-825-7605 www.spc-church.org

Welcome to *St. Paul of the Cross Parish*! Please take a moment to print as many items as you can about yourself and each member of your family. This information is strictly confidential. However, you may omit any information which you feel is too personal. Please return this form to the rectory so your registration can be completed. Should you ever have any questions or comments, please contact us. Thank you!

FAMILY REGISTRATION

Last Name: _____ First Name(s): _____
Address: _____ Unit: _____
City/State/Zip: _____
Home Phone: _____ Emergency Phone: _____
Primary Email: _____ @ _____
Parishioner ID: _____ Date of Registration: _____
Preferred method of giving: Online _____ Smart Phone _____ Text _____ Envelopes _____
I/We would prefer _____ not prefer _____ a packet of envelopes every month

ADULT MEMBER INFORMATION

Title (Mr., Mrs., Ms., Dr., etc.): _____ Suffix (II, III, Jr., Sr., etc.): _____
First Name: _____ Nick Name: _____
Middle Name: _____ Last Name: _____
DOB (mm/dd/yyyy): _____ Personal Email: _____ @ _____
Work Phone: _____ Cell Phone: _____
Ethnicity: _____ Fluent Foreign Language: _____
Occupation: _____ Employer: _____ Zip Code: _____
High School Graduation Year: _____ Highest Level of Education: _____
Names of Schools (Elementary, High School, College, etc.): _____
Religion: _____ Marital Status (Single, Married, Widowed, Separated, Divorced): _____
Baptized (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____
Reconciliation (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____
First Eucharist (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____
Confirmation (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____
Marriage (mm/dd/yyyy): _____ Parish/Place: _____ Zip Code: _____
Spouse's Name: _____ Maiden Name: _____
RCIA (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____

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ADDITIONAL MEMBER INFORMATION

Relationship to Adult Member (Son, Daughter, Mother, Father, etc.): _____ Gender (M/F): _____
First, Middle & Last Names: _____
Nick Name: _____ DOB (mm/dd/yyyy): _____
Ethnicity: _____ Fluent Foreign Language: _____
Names of Schools (Elementary, High School, College, etc.): _____ Grade: _____
Religion: _____
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