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:		
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	ADULT MEMBER INFORMATION		
Title (M. M. D. d.)	Cuffix (II III I - O I -)		
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:		
High School Graduation Year:	Highest Level of Education:		
Names of Schools (Elementary, High School, College, 6	etc.):		
Religion:	Marital Status (Single, Married, Widowed, Sep	parated, Divorced):	
Baptized (mm/dd/yyyy):	Parish:		
Reconciliation (mm/dd/yyyy):	Parish:	Zip Code:	
First Eucharist (mm/dd/yyyy):	Parish:	Zip Code:	
Confirmation (mm/dd/yyyy):	Parish:		
Marriage (mm/dd/yyyy):	Parish/Place:	Zip Code:	
Spouse's Name:			
RCIA (mm/dd/yyyy):	Parish:	Zip Code:	
	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:	
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	Hignest Level of Education:		
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Religion:			
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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:		
Spouse's Name:			
RCIA (mm/dd/yyyy):	Parish:	Zip Code:	

ADDITIONAL MEMBER INFORMATION

Relationship to Adult Member (Son, Daughter, Mother, Father, etc.):		Gender (M/F):
First, Middle & Last Names:Nick Name:	DOB (mm/dd/naav):	
Ethnicity:	Fluent Foreign Language:	
Names of Schools (Elementary, High School, College, etc.):	ridont roroigh Language	Grade:
Religion:		
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Relationship to Adult Member (Son, Daughter, Mother, Father, etc.):		
First, Middle & Last Names:		Oeriaer (พ//).
Nick Name:		
Ethnicity:		
Names of Schools (Elementary, High School, College, etc.):		
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Religion:Baptized (mm/dd/yyyy):	Parish:	Zip Code:
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Confirmation (mm/dd/yyyy):	Parish:	
Relationship to Adult Member (Son, Daughter, Mother, Father, etc.): First, Middle & Last Names:		Gender (M/F):
Nick Name:		
Ethnicity:	Fluent Foreign Language:	
Names of Schools (Elementary, High School, College, etc.):	1.00.11	Grade:
Religion:		
Baptized (mm/dd/yyyy):	Parish:	Zip Code:
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Confirmation (mm/dd/yyyy):	Parish:	Zip Code:
ADDITIONAL	_ MEMBER INFORMATIO	N
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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