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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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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Marriage (mm/dd/yyyy): _____   Parish/Place: _____   Zip Code: _____
Spouse's Name: _____   Maiden 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/yyyy): _____

Ethnicity: _____ Fluent Foreign Language: _____

Names of Schools (Elementary, High School, College, etc.): _____ Grade: _____

Religion: _____

Baptized (mm/dd/yyyy): _____ Parish: _____ Zip Code: _____

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