

## DEPENDENT INFORMATION

Name: \_\_\_\_\_  
 Gender: Female ☐ Male ☐

Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Father's Religion: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 Mother's Religion: \_\_\_\_\_

### Sacraments

Baptism Yes ☐ No ☐

Church Name \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Date: \_\_\_\_\_

First Communion Yes ☐ No ☐

Church Name \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Date: \_\_\_\_\_

Confirmation Yes ☐ No ☐

Church Name \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Date: \_\_\_\_\_

Interested in participating in the following  
 programs? Circle One:

- Baptism
- First Reconciliation
- First Communion
- Confirmation
- RCIA
- Youth Ministry

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 Father's Religion: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
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Church Name \_\_\_\_\_  
 City, State \_\_\_\_\_  
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Confirmation Yes ☐ No ☐

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 City, State \_\_\_\_\_  
 Date: \_\_\_\_\_

### OFFICE USE ONLY

Date Registered: \_\_\_\_\_  
 Parishioner Number: \_\_\_\_\_  
 DOSP# \_\_\_\_\_  
 OSV: \_\_\_\_\_



**St. Patrick**  
 CATHOLIC CHURCH



## Parish Registration

4518 S. Manhattan Avenue  
 Tampa, FL 33611-2306  
 Phone: (813) 839-5337

[www.stpatricktampa.org](http://www.stpatricktampa.org)

## FAMILY INFORMATION

### Family

Last Name: \_\_\_\_\_

Mailing Address (P.O. Box or Street)

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_

Marital ☐ Married ☐ Single ☐ Widow/er

Status: ☐ Divorced ☐ Separated

If married, is your marriage recognized by the Catholic Church? Yes ☐ No ☐

Date of Marriage: \_\_\_\_\_  
Month Day Year

Catholic Marriage: Yes ☐ No ☐

Church Name: \_\_\_\_\_

City, State \_\_\_\_\_

Civilly Married: Yes ☐ No ☐

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Please mail, drop off in Offertory Basket or Parish Office.

Hours Monday - Thursday 9am - 2pm  
Friday - Office Closed

I would like to receive Offertory Envelopes  
Yes ☐ No ☐

Sign up for On-Line Giving through  
[www.stpatricktampa.org](http://www.stpatricktampa.org)  
Yes ☐ No ☐

## HEAD OF HOUSEHOLD INFORMATION

Name: \_\_\_\_\_

Title: ☐ MR. ☐ MRS. ☐ DR. ☐ MISS ☐ MS.

Gender: Female ☐ Male ☐

Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Languages: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

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First Communion Yes ☐ No ☐

Church Name \_\_\_\_\_

City, State \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation Yes ☐ No ☐

Church Name \_\_\_\_\_

City, State \_\_\_\_\_

Date: \_\_\_\_\_

## SPOUSE INFORMATION

Name: \_\_\_\_\_

Title: ☐ MR. ☐ MRS. ☐ DR. ☐ MISS ☐ MS.

Gender: Female ☐ Male ☐

Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Languages: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

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