

Church of Saints Peter and Paul
110 Central Ave N / PO Box 69
Richmond, MN 56368
320-597-2575

NEW PARISHIONER FORM

Date _____ Contact Number _____
Home Cell

Previous Parish _____ Contact Previous Parish Yes No

Name: _____ Catholic Birth Date _____
Head of household Yes/No

Birth Place _____ Baptism Date _____ Church, City _____

Spouse _____ Catholic Birth Date _____
Maiden Name Yes/No

Birth Place _____ Baptism Date _____ Church, City _____

Marital Status S M Sep Div Marriage Date _____

Catholic Marriage Place /Church/City/State _____
Yes/No

Postal Address _____ City/State/Zip _____

Street Address _____

Email Address _____

1. Child Name _____ Birth Date _____

Birth Place _____ Baptism Date _____ Church, City _____

School _____ Grade _____ Age _____ M or F _____

2. Child Name _____ Birth Date _____

Birth Place _____ Baptism Date _____ Church, City _____

School _____ Grade _____ Age _____ M or F _____

3. Child Name _____ Birth Date: _____

Birth Place _____ Baptism Date _____ Church, City _____

School _____ Grade _____ Age _____ M or F _____

Permission to publish Family names in bulletin
 Yes No

Receive the *Visitor* - Diocesan newspaper
 Yes No

Office Use:	
_____ Parish Number	_____ Baptism Certificate
_____ Envelope Number	_____ Marriage Certificate
_____ Census File	_____ Bulletin