



Sts. Peter and Paul Catholic Church

5300 Old Howell Branch Road

Winter Park, FL 32792

Primary Contact		Spouse/Significant Other	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Preferred Name:		Preferred Name:	
Maiden Name:		Maiden Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Date of Birth:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Catholic Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:		Religion:	
Language(s):		Language(s):	
Email Address:		Email Address:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Family Contact Information	Home Phone:		
	Address:		
	City, State, Zip:		
	Mailing Address (if different):		
Notes or Comments			

Please enter information about your children on the back of this form

List only dependent or minor children living at home or in college

Child 1		Child 2		Child 3	
Last Name:		Last Name:		Last Name:	
First Name:		First Name:		First Name:	
Middle Name:		Middle Name:		Middle Name:	
Preferred Name:		Preferred Name:		Preferred Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Date of Birth:		Date of Birth:	
Religion:		Religion:		Religion:	
Language(s):		Language(s):		Language(s):	
Email Address: (if appropriate)		Email Address: (if appropriate)		Email Address: (if appropriate)	
Cell Phone: (if appropriate)		Cell Phone: (if appropriate)		Cell Phone: (if appropriate)	

Child 4		Child 5		Child 6	
Last Name:		Last Name:		Last Name:	
First Name:		First Name:		First Name:	
Middle Name:		Middle Name:		Middle Name:	
Preferred Name:		Preferred Name:		Preferred Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Date of Birth:		Date of Birth:	
Religion:		Religion:		Religion:	
Language(s):		Language(s):		Language(s):	
Email Address: (if appropriate)		Email Address: (if appropriate)		Email Address: (if appropriate)	
Cell Phone: (if appropriate)		Cell Phone: (if appropriate)		Cell Phone: (if appropriate)	

NB: A copy of all email and text messages sent to children will be sent to parents