

SS. Peter and Paul Catholic Church
 207 Vandalia Street / Collinsville, Illinois 62234 / 618-345-4343
Membership Information

Date Completed:	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Other _____	Mr. Mrs. Miss. Ms. Dr. Other _____
Name: (First - Middle or Maiden - Last)		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday: (yr. optional)	Date: _____	Date: _____
Preferred or Nickname		
Address:	_____	_____
City, State / Zip:		
Alternate Address		
Address:	From: _____ To: _____	From: _____ To: _____
City, State / Zip:	_____	_____
Home Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Cell Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Work Phone	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Email		
Pager #:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Fax #:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Extra Phone:	Unlisted? <input type="checkbox"/>	Unlisted? <input type="checkbox"/>
Marital Status:		
Anniversary Date:	Date: _____	Date: _____
Place of Marriage:		
Occupation:		
Employer:		
Member Status:	Active Member <input type="checkbox"/> SSPP School Family <input type="checkbox"/>	Active Member <input type="checkbox"/> SSPP School Family <input type="checkbox"/>
Church Affiliation:	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____
Confirmed:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____

Check here if you DO NOT want your name listed in our church bulletin as a new parishioner.

Children (birth to age 18)

Name (first, middle, last)	Birth Date	Sacraments Received	School Attending
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	

Adult Children

Name (first, middle, last)	Birth Date	Sacraments Received	Residence
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	
	Date: _____	Baptized <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	

SS. Peter & Paul School Alumni

Please list any members of your household who have attended
and/or graduated from SS. Peter & Paul School

Name (first, middle, last)	Year of Graduation	Current Street Address	Current City, State, Zip

COMMENTS/QUESTIONS:
