

# St. Patrick's Church

7 Pound Ridge Road

Bedford, NY 10506

Phone: (914) 234-3344, Fax: (914) 234-0493

## NEW PARISHIONER REGISTRATION

Welcome! May God bless you and your family. We are delighted to have you join us in the St. Patrick's Community. Please give us some information about yourself.

NAME: \_\_\_\_\_  
Title (Mr. & Mrs., Mr., Mrs., Ms., etc.)      First Name      Last Name

SPOUSE'S NAME: \_\_\_\_\_  
First Name      Last Name (if not the same)

HOME ADDRESS: \_\_\_\_\_  
Street with number and / or P.O. Box  
\_\_\_\_\_  
City      State      Zip

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION(S): (optional) \_\_\_\_\_

SPECIAL INTERESTS / HOBBIES: \_\_\_\_\_

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name      Last Name (if not the same)

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name      Last Name (if not the same)

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name      Last Name (if not the same)

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name      Last Name (if not the same)

To list more children, use the back of this form.

Will your child / children attend St. Patrick's School?      Y/N \_\_\_\_\_

Will your child / children attend St. Patrick's Religious Education Program?      Y/N \_\_\_\_\_

You are most welcome to participate in any of the Ministries at St. Patrick's. Please let us know your interest.

\_\_\_ Adoration Chapel

\_\_\_ Lector

\_\_\_ Building & Grounds

\_\_\_ Liturgy

\_\_\_ Carnival

\_\_\_ RCIA

\_\_\_ Contemporary Music Group

\_\_\_ Religious Education Teacher / Aide

\_\_\_ CYO / Basketball

\_\_\_ Social Events (55+ Club, etc.)

\_\_\_ Dinner / Auction

\_\_\_ Teen Youth Group

\_\_\_ Eucharistic Minister

\_\_\_ Ushers

\_\_\_ Other Interest (please specify): \_\_\_\_\_

All information will be kept for parish use only.