



St Patrick Roman Catholic Parish

St. Michael Mission

P.O. Box 164 – Bisbee, AZ 85603

Registration Form

Head of Household

Name: _____

Religion: _____

Marital Status: _____

Occupation: _____

Phone: _____ Cell: _____

Mailing Address: _____

Email Address: _____

Spouse Information

Name: _____

Religion: _____

Occupation: _____

Phone: _____ Cell: _____

Children Information

Name / Age _____

Sacraments Received (Circle): Baptism / Reconciliation / First Communion / Confirmation

Name / Age _____

Sacraments Received (Circle): Baptism / Reconciliation / First Communion / Confirmation

Name / Age _____

Sacraments Received (Circle): Baptism / Reconciliation / First Communion / Confirmation

I wish to receive Sunday Offertory envelopes. ___ Yes / ___ No

I would like to be contacted about and/or wish to serve my parish:

- | | | |
|-----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Altar Servers | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Religious Education |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Grounds | <input type="checkbox"/> RCIA |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Homebound Ministry | <input type="checkbox"/> Sacristan |
| <input type="checkbox"/> Confirmation - Adult | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Confirmation – Youth | <input type="checkbox"/> Lector | <input type="checkbox"/> Women’s Club |
| <input type="checkbox"/> Detention Ministry | <input type="checkbox"/> Music - Chorale | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Music - Folk Choir | |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Office Volunteer | |