

**ST. PAUL OF THE CROSS CATHOLIC CHURCH**

10970 State Road AIA, North Palm Beach, FL 33408

561.626.1873 FAX 622.7307 [www.paulcross.org](http://www.paulcross.org) email paulcross@bellsouth.net

**REGISTRATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Development \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ email address \_\_\_\_\_

Mailing Address (only if different) \_\_\_\_\_

Phone # Home \_\_\_\_\_ Check if unlisted  Work \_\_\_\_\_ Cell \_\_\_\_\_

Request Envelopes Yes  No  If Seasonal: Date Arrive \_\_\_\_\_ Date Leave \_\_\_\_\_

**MEMBER INFORMATION - HEAD OF HOUSEHOLD**

Mr.  Mrs.  Dr.  Miss  Ms.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name (if different) \_\_\_\_\_

Current/Last Occupation \_\_\_\_\_ Parish Interests \_\_\_\_\_

Sex: M  F  Single  Married  Divorced  Separated  Widowed

Date of Birth: \_\_\_\_\_ Religion (if not Catholic): \_\_\_\_\_ Retired Yes  No

Baptized: Yes  No  First Communion: Yes  No  Confirmed: Yes  No

**MEMBER INFORMATION**

Mr.  Mrs.  Dr.  Miss  Ms.  Relationship to Head of Household \_\_\_\_\_

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Comments \_\_\_\_\_

**Please use reverse for children and other family members living with you ⇨⇨**

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