

ST. PAUL OF THE CROSS CATHOLIC CHURCH

10970 Jack Nicklaus Drive, North Palm Beach, FL 33408

561.626.1873 FAX 561.626.4383 www.paulcross.org email office@paulcross.org

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 Request Seasonal Statements 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 _____

First Name _____ Middle Name _____ Last Name _____

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

Comments _____

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

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