

Date of Registration: _____



ST. PAUL PARISH REGISTRATION
309 East Jackson Street
Macomb, Illinois 61455

Name(s): _____

Mailing Address: _____

Email address (es): You: _____
Spouse: _____

Home phone: _____

Your Cell phone: _____ Spouse's Cell phone: _____

Your Occupation: _____ Spouse's Occupation: _____

Full Name (Maiden)	Birth Date & Place	Baptism Date & Place	First Communion Date & Place	Confirmation Date & Place	Valid Marriage Date & Place

Giving preference: _____ Weekly envelopes _____ Online Giving

Member Number