

St Patrick Co-Cathedral http:www.stpatrickcocathedral.org
215 North 31 st Street 59101 (406) 259-3389
Billings, Mt 59101 stpatcocathedral@gmail.com

Please Print all information Thank you!

or Office use only
Pate received
nvelope #
Pate Entered in system

AMILY INFORMATION		Information for Newsletter and Directory
amily Last Name Mr/Mr	s Mr. Mrs MS Miss Dr.	Is it okay to list your name Birthday
		MarriagePhoto
Address City, St,	Zip Code	
Home Phone Cell E	mail	Would you like to be included in the online Directory?
Vork Phone Cell Er	nail	YN
Vould you prefer envelopes or Electronic Funds Transfer	Mass preference 5pm 8: am10:30	Ae you interested in the mobile app for you phone?
HEAD OF HOUSEHOLD INFORMAITION	SPOUSE INFORMATION	YNo
First/Middle Name M/F	First/Middle Name M/F	- -
Maiden Name	Maiden Name	Do you leave town for the winter yes No
Birth Date Religion	Birth Date Religion	Leave on Back
City & State of Birth	City & State of Birth	Do you want your envelopes sent to an alternate address
Occupation	Occupation	-
EmployerPhone	EmployerPhone	
Marital Information	Marital Information (same as H of H)	
SingleEngagedin Relationship	SingleEngagedin Relationship	
Separated Divorced Widowed	SeparatedDivorced Widowed	
Marriage Date Where	Marriage DateWhere	.
City, State	Ву:	_ It would be helpful if you could list interests and hobbies for
N. I.A.	Church Attendance:	your family so we can better plan activities with in the parish:
Church Attendance:	Regular Occasional Seldom	
Regular OccasionalSeldom	Special needs Homebound	
special needs Homebound	Desire Communion in home	
Desire Communion in home	Baptism: Yes/No Date	
Baptism Yes/No Date	Church City, State	
Church City, State	First Communion: Yes/No Date	
First Communion: Yes/No Date Church City, State	ChurchCity, State	
	Confirmation Yes/No Date	- []
Confirmation Yes/No Date Church City, State	Church City, State	
City, State		

HILDREN LIVING IN HOME	CHILDREN LIVING IN HOME	CHILDREN LIVING IN HOME
irst Childs Name M/F	Third Childs Name M/F	Fifth Childs Name M/F
irth Date Religion	Birth Date Religion	Birth Date Religion
ity & State of Birth	City & State of Birth	City & State of Birth
rade In schoolSchool	Grade In schoolSchool	SchoolSchool
pecial Needs	Special Needs	Special Needs
ith Formation SPY Yes/No	Faith Formation SPY Yes/No	Faith Formation SPY Yes/No
ACARMENTS	SACARMENTS	SACARMENTS
uptism Yes/No Date	Baptism Yes/No Date	Baptism Yes/No Date
nurch City, St	Church City, St	Church City, St
rst Confession Yes/No Date	First Communion Yes/No Date	First Confession Yes/No Date
urch City, St	Church City, St	Church City, St
onfirmation Yes/No Date	Confirmation Yes/No Date	Confirmation Yes/No Date
nurch City, St	Church City, St	Church City, St
econd Childs Name M/F rth Date Religion ty & State of Birth	Birth Date Religion	Birth Date Religion City & State of Birth Grade In school School
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econd Childs Name M/F rth Date Religion ty & State of Birth rade In school School pecial Needs	Birth Date Religion City & State of Birth Grade In schoolSchool	Birth Date Religion City & State of Birth Grade In school School
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