



St. Peter's Catholic Church - Registration Form

34 Main Street / PO Box 357
Hokah, MN 55941

Date: _____

Marital Status (*Single, Married, Divorced, Widowed*): _____

Home Phone Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Man's/Husband's Name: _____

Preferred Name (*if applicable*): _____

Email Address: _____

Cell Phone Number: _____

Religion: _____

Please indicate any ministry areas you are interested in : _____

Woman's/Wife's Name: _____

Preferred Name (*if applicable*): _____

Please list last name if different than husband's: _____

Email Address: _____

Cell Phone Number: _____

Religion: _____

Please indicate any ministry areas you are interested in : _____

			Indicate Sacraments Received in the Catholic Church:		
Children's Name:	Gender (M/F):	Birth Date:	Baptism	1st Eucharist	Confirmation

(Use back side for information on additional children)