



St. Patrick Church
 223 Harmony Street, Council Bluffs, IA 51503
 712-323-1484

Family Last Name _____ **Primary Phone number (____)** _____

Name on mailing label _____
 (i.e.—Mr. & Mrs. Wilson; Bill & Beth Wilson; Ms.; Mr.)

Address _____ **City** _____ **Zip** _____

E-mail Address _____

Permission to publish phone, address, e-mail in Parish Directory
Publish Phone? Publish Address? Publish E-mail?
 Y N Y N Y N

Couple/Head of Household Information

Marital Status: _____ **Anniversary Date:** ___/___/___ **Maiden Name of wife** _____

Head of Household

Spouse

Name _____
 First Middle Last

Name _____
 First Middle Last

Nick Name _____ **Birth Date** ___/___/___

Nick Name _____ **Birth Date** ___/___/___

Sacramental Information: Baptized? Catholic?
 Y N Y N
 Reconciliation? First Eucharist? Confirmed?
 Y N Y N Y N

Sacramental Information: Baptized? Catholic?
 Y N Y N
 Reconciliation? First Eucharist? Confirmed?
 Y N Y N Y N

Occupation _____

Occupation _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

CHILDREN INFORMATION (if living at home)

Use other side if needed

Name _____ **DOB** ___/___/___ **M or F** **Grade** _____
 First Middle Last

Baptized? Y N Reconciliation? Y N First Eucharist? Y N Confirmed? Y N School _____

Name _____ **DOB** ___/___/___ **M or F** **Grade** _____
 First Middle Last

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