



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!*

For Office use only

Date received _____
 Envelope # _____
 Date Entered in system _____

FAMILY INFORMATION

Family Last Name _____ Mr/Mrs ___ Mr. ___ Mrs ___ MS ___ Miss ___ Dr. ___
 Address _____ City, St, Zip Code _____
 Home Phone _____ Cell _____ Email _____
 Work Phone _____ Cell _____ Email _____
 Would you prefer envelopes or Electronic Funds Transfer _____ Mass preference 5pm ___ 8: am ___ 10:30 ___

HEAD OF HOUSEHOLD INFORMATION

First/Middle Name _____ M/F _____
 Maiden Name _____
 Birth Date _____ Religion _____
 City & State of Birth _____
 Occupation _____
 Employer _____ Phone _____

Marital Information

Single ___ Engaged ___ in Relationship ___
 Separated ___ Divorced ___ Widowed ___
 Marriage Date _____ Where _____
 City, State _____

Church Attendance:

Regular ___ Occasional ___ Seldom ___
 Special needs ___ Homebound ___
 Desire Communion in home _____
 Baptism Yes/No Date _____
 Church _____ City, State _____
 First Communion: Yes/No Date _____
 Church _____ City, State _____
 Confirmation Yes/No Date _____
 Church _____ City, State _____

SPOUSE INFORMATION

First/Middle Name _____ M/F _____
 Maiden Name _____
 Birth Date _____ Religion _____
 City & State of Birth _____
 Occupation _____
 Employer _____ Phone _____

Marital Information (same as H of H)

Single ___ Engaged ___ in Relationship ___
 Separated ___ Divorced ___ Widowed ___
 Marriage Date _____ Where _____
 By: _____

Church Attendance:

Regular ___ Occasional ___ Seldom ___
 Special needs ___ Homebound ___
 Desire Communion in home _____
 Baptism: Yes/No Date _____
 Church _____ City, State _____
 First Communion: Yes/No Date _____
 Church _____ City, State _____
 Confirmation Yes/No Date _____
 Church _____ City, State _____

Information for Newsletter and Directory

Is it okay to list your name _____ Birthday _____
 Marriage _____ Photo _____

Would you like to be included in the online Directory?
 Y _____ N _____

Are you interested in the mobile app for you phone?
 Y _____ No _____

Do you leave town for the winter yes ___ No ___
 Leave on _____ Back _____

Do you want your envelopes sent to an alternate address

It would be helpful if you could list interests and hobbies for your family so we can better plan activities with in the parish:

CHILDREN LIVING IN HOME

First Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Confession Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____

Second Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Communion Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____

CHILDREN LIVING IN HOME

Third Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Communion Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____

Fourth Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Communion Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____

CHILDREN LIVING IN HOME

Fifth Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Confession Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____

Sixth Childs Name _____ M/F _____

Birth Date _____ Religion _____

City & State of Birth _____

Grade In school _____ School _____

Special Needs _____

Faith Formation SPY Yes/No

SACARMENTS

Baptism Yes/No Date _____

Church _____ City, St _____

First Communion Yes/No Date _____

Church _____ City, St _____

Confirmation Yes/No Date _____

Church _____ City, St _____