

# Parish Registration Form

**Our Lady of Lourdes Parish \_\_\_\_\_ St. Peter the Apostle Parish \_\_\_\_\_**

**Family Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

	<b>List Household Members</b>	<b>DOB</b>	<b>Religion</b>	<b>Baptized</b>	<b>Confirmed</b>	<b>Married</b>	<b>Occupation</b>
Husband							
Wife							
Children							

**Part Time Parishioners** \_\_\_\_ **Year Round Parishioners:** \_\_\_\_

**Gifts and talents you wish to share with the parish:** \_\_\_\_\_

\_\_\_\_\_  
**Please send me weekly budget envelopes: Yes** \_\_\_\_ **No:** \_\_\_\_ **Please recognize me in the bulletin: Yes** \_\_\_\_ **No:** \_\_\_\_

**Please print and complete the form and bring it to church or mail it to:**

**Our Lady of Lourdes**  
**PO Box 1414**  
**Wellfleet, Ma 02667**

**or**

**Saint Peter the Apostle**  
**11 Prince Street**  
**Provincetown, Ma 02657**