



**St. Patrick Church**  
 4 Valley View Dr., 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

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 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 \_\_\_\_\_

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