

Parish Registration Form

Our Lady of Lourdes Parish _____ St. Peter the Apostle Parish _____

Family Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____

Telephone: (_____) _____ E-Mail : _____ Zip: _____

	List Household Members	DOB	Religion	Baptized	Confirmed	Married	Occupation
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 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**