

**St. Richard Parish**

11223 Schuetz Road St. Louis MO 63146 Parish office 314-432-6224 PSR Office 314-872-3152 ext. 201  
Parish Website: www.strichardstl.org

**Family Faith Formation Parish School of Religion  
Registration Form For 2017-2018**

**PLEASE PRINT**

Mother \_\_\_\_\_  
Last Name First Name Middle Initial Maiden Name

Mother's Address \_\_\_\_\_

City State Zip Code

Mother's Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Father \_\_\_\_\_  
Last Name First Name Middle Initial

Father's Address \_\_\_\_\_

City State Zip Code

Father's Religion \_\_\_\_\_

Father's Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Unmarried  Other

Please explain: \_\_\_\_\_

Children live with:  Both parents  Mother  Father  Other

Please explain: \_\_\_\_\_

Registered in Parish? \_\_\_\_ Yes \_\_\_\_ No

**PLEASE PROVIDE US WITH YOUR PRIMARY EMAIL:**

**Email address:** \_\_\_\_\_  
(Please print legibly)

## STUDENT DATA

Student Name _____			
Legal Last Name	First Name	Middle Initial	
Date of Birth _____	Place of Birth _____		
<small>MO/DD/YR</small>			
Public school child attends: _____		Grade Entering _____	
Baptism _____	Church _____		
<small>MO/DD/YR</small>			
Eucharist _____	Church _____		
<small>MO/DD/YR</small>			
Confirmation _____	Church _____		
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	MO/DD/YR		
Confirmation	_____	Church	_____
	MO/DD/YR		

**Note:** Please submit a **copy** of your child's Baptismal Certificate.