

DIOCESE OF SAVANNAH
STS. PETER & PAUL PARISH AT THE NATIVITY CHURCH

REGISTRATION FORM

Family of _____

Address _____

Telephone _____

No.	Full name	Day of Birth	Relationship	Date of Baptism	Place of Baptism	Date of First Communion	Date of Confirmation	Date of Marriage
1	<i>(Head of family)</i>							
2								
3								
4								
5								
6								

Savannah, Day ____ Month ____ Year ____

Signature,
