



We need your help to update our parish registry!

If anyone in your family has ever received a sacrament or had a funeral at St. Patrick, please fill out this form and return it to the church office or place it in the collection basket. Contact the church office for more information: 512-759-3712, email: info@stpatrikhutto.org. **Please type or clearly print.**

SACRAMENT OF BAPTISM

Name: (Exactly as on Birth Certificate)

First _____ Middle _____ Last _____

Date of Birth ___/___/____ **Place of Birth** City _____ State _____

Date of Baptism ___/___/____ **Name of Priest/Deacon** _____

Place of Baptism: Church _____ City _____ State _____

Parents: Father _____ Mother (Maiden Name) _____

Godmother _____ Godmother _____

SACRAMENT OF FIRST HOLY COMMUNION

Name: (Exactly as on Birth Certificate)

First _____ Middle _____ Last _____

Date of Birth ___/___/____ **Place of Birth** City _____ State _____

Baptism: Date ___/___/____ **Place:** Church _____ City _____ State _____

Date received 1st Communion: ___/___/____ **Name of Priest** _____

Parents: Father _____ Mother (Maiden Name) _____

SACRAMENT OF CONFIRMATION

Name: First _____ Middle _____ Last _____

Date of Birth ___/___/____ **Place of Birth:** City _____ State _____

Baptism: Date ___/___/____ **Place:** Church _____ City _____ State _____

1st Communion: Date ___/___/____ **Place:** Church _____ City _____ State _____

Date of Confirmation ___/___/____ **Bishop/Priest Name** _____ **Saint Name** _____

Parents: Father _____ Mother (Maiden Name) _____

OVER →

SACRAMENT OF MARRIAGE

Name of Groom: First _____ Middle _____ Last _____

Residence: Street _____ City _____ State _____

Baptism: Date ___/___/___ **Place:** Church _____ City _____ State _____

Parents: Father _____ Mother _____

Name of Bride: First _____ Middle _____ Last _____

Residence: Street _____ City _____ State: _____

Baptism: Date ___/___/___ **Place:** Church _____ City _____ State _____

Parents: Father _____ Mother _____

Date of Marriage ___/___/___ **Officiant** _____

Witnesses _____ , _____

FUNERAL MASS OR CEREMONY

Name of Deceased:

First _____ Middle _____ Last _____

Date of Death ___/___/___ **Age at Time of Death** _____

Name & Address of Closest Relative: Name _____

Street _____ City _____ State _____

Attending Priest/Deacon: _____

Date of Burial ___/___/___

Location of Burial: Cemetery _____ City _____ State _____

Date of Cremation ___/___/___

Location of Burial of Remains: City _____ State: _____

Thank you for your help. Please place this form in the collection basket or drop it off at the church office.