

**The Church of St. Peter**  
 241 Broadway  
 Saratoga Springs, NY 12866  
 (518) 584-2375

Welcome to the Church of Saint Peter! A vital parish depends on the active support of all its members through Stewardship of Time, Talents, and Treasures. Please take a few moments to fill in the Stewardship form on how you will be involved in Saint Peter's.

Family Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

If Married, spouse's maiden name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different from above \_\_\_\_\_ Email address (Optional) \_\_\_\_\_

	First Name	Marital Status	Married by Priest	Baptized	Sex	Date of Birth	Age	First Communion	Confirmation
Name	_____	_____	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____	_____	_____
Child	_____			_____	_____	_____	_____	_____	_____
Child	_____			_____	_____	_____	_____	_____	_____
Child	_____			_____	_____	_____	_____	_____	_____
Child	_____			_____	_____	_____	_____	_____	_____

Occupation (Name) \_\_\_\_\_

Occupation (Spouse) \_\_\_\_\_

Yes, I would like to receive envelopes for Church support \_\_\_\_\_

Is any individual interested in:

To assist you in your knowledge of the Church, you will be receiving our Diocesan newspaper, *The Evangelist*.

- \_\_\_ Becoming a Catholic
- \_\_\_ Information concerning Priesthood
- \_\_\_ Information concerning Religious Vocations
- \_\_\_ Home Visitation by Parish Priest
- \_\_\_ Home Communion Call

**Church of Saint Peter**

*Please complete this form if you or a family member have a disability.*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Type of Disability

- Mentally retarded or otherwise developmentally disabled
  - Deaf or hearing impaired
  - Blind or visually impaired
  - Physically disabled
  - Emotionally disturbed or mentally ill
  - Other (please specify)
- \_\_\_\_\_

Are you able to attend Mass?

- Yes
- No (please specify reason) \_\_\_\_\_

**Sacraments** – Recent documents from the U.S. Conference of Catholic Bishops have stated that persons with disabilities can and should be receiving Baptism, Eucharist and Confirmation, even when there is a severe disability. If you or a family member wish to receive the above listed Sacraments, simple preparation will be made available and every help given to make reception of these Sacraments possible. Please contact the Rectory (584-2375).

Preparation is needed for:

- Baptism
- Eucharist
- Confirmation

Do you need any special accommodations in order to participate in the liturgical, social and educational life of the parish?

- Yes
- No

If so, please specify: \_\_\_\_\_

\_\_\_\_\_

Are there gifts that you feel you would like to share with the parish community? \_\_\_\_\_

\_\_\_\_\_

You would like to participate at Liturgy as:

- Eucharistic Minister
- Lector
- Usher/Greeter

Additional comments, recommendations or suggestions: \_\_\_\_\_

\_\_\_\_\_

(Please use other side for additional comments)

Completed form may be dropped in the collection basket on Sunday or sent to: Church of Saint Peter  
241 Broadway  
Saratoga Springs, NY 12866