| | St. Andrew the Apostle Catholic Church | |
|---|---|---|
| **PARISH REGISTRATION FORM**<br>Date:_____<br>*Please type/print all information* | 910 Austin Drive<br>Saline, MI 48176-1157<br>Phone: 734-429-5210<br>Fax: 734-429-0680<br>Email: *office@standrewsaline.org* | For Office Use Only<br>Household #_____ Booklet _____<br>Envelope #_____ Letter_____ |

| Family Name (Last) | Address | City | State | Zip | Primary Email Address |
|---|---|---|---|---|---|
| | | | | | |

| Primary Household Telephone<br>Circle: Landline or Cell (indicate whose cell)<br>( ) ☐ Do *not* publish # | Additional comments and/or special needs (such as blind, deaf, physically impaired, shut in): |
|---|---|

| Adult's Name/ Name you go by<br>*First* | *Middle* | Title:<br>*Mr/Mrs/ Dr/Ms* | Birthdate:<br>*Mm/dd/yy* | Marital Status:<br>*See codes* | Occupation & Work Place | Alternate Phone | Religion<br>*Catholic/ Baptist/etc.* | Baptized<br>*Y/N* | *If Catholic:*<br>First Communion<br>*Y/N* | Confirmed<br>*Y/N* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ( )<br>Circle: Cell / Work | | | | |
| | | | | | | ( )<br>Circle: Cell / Work | | | | |
| | | | | | | ( )<br>Circle: Cell / Work | | | | |

| *If Married:*<br>Wife's Maiden Name: | Last name if different: | Marital Codes:<br>1) Married 5) Divorced<br>2) Single 4) Separated<br>3) Widowed 6) Annulled | Married in Catholic Church<br>*(if not, then witnessed by a Catholic Priest or Deacon?)*<br>*Yes* *No* | Sunday Mass preference: Circle one<br>Sat. 5:30 pm<br>Sun. 7:30 am 9:00 am<br>11:30 am 5:30 pm |
|---|---|---|---|---|

## Children at Home

| First Name (& Nickname) | Middle Name | Last Name *(if different)* | Birthdate | Gender *M/F* | Grade | Graduation Year | Religion *Catholic/ Baptist/etc* | Baptized *Y/N* | *If Catholic:* Communion *Y/N* | Confession *Y/N* | Confirmed *Y/N* |
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