

Family Name _____

ST. ANDREW'S PARISH REGISTRATION FORM

Please fill out one form for each ADULT individual/couple at your address.
Children/minors/dependents of parents/guardians registering separately can be listed on one or both forms as long as their information is consistent.

All information in this form is for parish use only and will be kept confidential

Mass Most Often Attended	<input type="checkbox"/> Saturday 5 pm
	<input type="checkbox"/> Sunday 9 am
	<input type="checkbox"/> Sunday 11:15 am
	<input type="checkbox"/> Sunday 5 pm

DO NOT WRITE INSIDE BOX	
PARISH #: _____	
Envelopes Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date sent to Diocese:	
Initials:	

ADDRESS: _____ Email Address: _____

Mailing Address, if different: _____ Primary Cell/Emergency Phone: _____

City: _____ State: _____ Zipcode: _____ Unlisted Home Phone: _____

Personal Information							Catholic Sacramental Information			
	Full Name (include maiden name if applicable)	Date of Birth	Gender M/F	Occupation/ Grade in School	Ethnicity	Language(s) Spoken	Baptized Y/N (If non-Catholic, list faith)	Y/N First Communion	Confirmed Y/N	Marital Status S/M/W/D
Head of Household/Adult 1										
Spouse/Adult 2										
Children/Minors/ Dependents (ONLY list those living at this address)										

Please check how you prefer to donate:

Weekly Envelopes Online None

Was your marriage a Catholic Non-Catholic Civil Ceremony? Date _____

If you were originally married outside the Church, was your marriage later convalidated?

Yes No

List any other phone numbers/email addresses and who they belong to below: