

Registration Date _____/_____/_____

St Francis of Assisi Church
386 Buttles Ave
Columbus, OH 43215

Family Information

Last Name _____ Envelope Number _____
Family Email _____ Mailing Name _____
Home Phone (_____) _____ - _____ Emergency Phone (_____) _____ - _____

Address Information

Address 1 _____
Address 2 _____
City _____ State _____ Zip/Postal _____

Will Contribute thru ONLINE GIVING on Website Would Like Envelopes Instead Will Put Money in the Basket

Member Information

First Name _____	Former Parish _____
Role _____	Nick Name _____
Date of Birth _____	Gender _____ M / F
Email _____	MaidenName _____
Ethnicity _____	Birth Place _____
First Language _____	Work Phone (_____) _____ - _____
Special Needs _____	Cell Phone (_____) _____ - _____
	High School Grad Year _____

Sacrament Information

<input type="checkbox"/> Catholic	_____ / _____ / _____	<input type="checkbox"/> Baptism	_____ / _____ / _____
<input type="checkbox"/> Reconciliation Prep	_____ / _____ / _____	Location	_____
Location	_____	<input type="checkbox"/> First Eucharist	_____ / _____ / _____
<input type="checkbox"/> Confirmation	_____ / _____ / _____	Location	_____
Location	_____	<input type="checkbox"/> Catholic Marriage	_____ / _____ / _____
		Location	_____

Member Information

First Name _____
Role _____
Date of Birth _____
Email _____
Ethnicity _____
First Language _____
Special Needs _____

Nick Name _____
Gender M / F
MaidenName _____
Birth Place _____
Work Phone () -
Cell Phone () -
High School Grad Year _____

Sacrament Information

Catholic
 Reconciliation Prep
Location _____
 Confirmation
Location _____

Baptism
Location _____
 First Eucharist
Location _____
 Catholic Marriage
Location _____

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