

St. Veronica Roman Catholic Church Parish Registration Form

Family Last Name _____

Address _____

City _____ Zip _____

Family Email _____ Family Phone _____

Adult 1 Full Name _____ Birthdate _____

Nickname _____ Maiden Name _____

Individual Phone # _____ Individual Email _____

Religion _____ Have you ever been a member of St. Veronica ? _____

If Catholic, please provide the parish and the approximate date of sacraments you have received.

Occupation _____ Highest level of Education completed _____

Adult 2 Full Name _____ Birthdate _____

Nickname _____ Maiden Name _____

Individual Phone # _____ Individual Email _____

Religion _____ Have you ever been a member of St. Veronica ? _____

If Catholic, please provide the parish and the approximate date of sacraments you have received.

Occupation _____ Highest level of Education completed _____

Are adults married? _____ Wedding date _____ Parish _____

What was your former parish? _____

What brings you to St. Veronica? _____

Child 1 Name _____ Birthdate _____

Male or Female _____

Religion _____ Sacraments (Parish and approximate Date)

Child 2 Name _____ Birthdate _____

Male or Female _____

Religion _____ Sacraments (Parish and approximate Date)

Child 3 Name _____ Birthdate _____

Male or Female _____

Religion _____ Sacraments (Parish and approximate Date)

Child 4 Name _____ Birthdate _____

Male or Female _____

Religion _____ Sacraments (Parish and approximate Date)

Please complete this form and email to Cglaser@stveronica.org or print it and drop it in the collection basket or mail it to the parish Ministry center:

St. Veronica Church
4462 Mt. Carmel Tobasco Rd
Cincinnati, Ohio 45244

ENV # _____
Approval _____