

ST. COLUMBAN PARISH REGISTRATION

Date _____
ID# _____

Family Name _____ Preferred Phone _____ Alternate Phone _____

Address _____ City _____ Zip _____

Preferred E-Mail _____ Neighborhood _____ County _____

Marriage Date (if applicable) _____ Maiden Name _____

Witnessed by: (circle one) Priest Deacon Minister Civil Authority

Some of this information is published in our directory. Is it okay to print your information? YES _____ NO _____

ADULTS

Sacraments Received (Y or N)

Legal First Name (Include last name if different from above)	Nickname	Gender	Date of Birth	Status M/D/S/W	Religion	Baptism	First Eucharist	Confirmed	Comments

CHILDREN (Living at Home)

Sacraments Received(Y or N)

Legal First Name (Include last name if different from above)	Nickname	Gender	Date of Birth	Religion	Baptism	First Eucharist	Confirmed	Grade/School

Please send any parish correspondence to us via: _____ Email _____ Mail _____

Our family prefers to use the following for our giving: _____ Online Giving _____ Monthly envelopes _____

In what ways can St. Columban serve you? _____

Ministries or groups you were involved with at your prior parish: _____

May we contact you to follow up? ___ Yes ___ No Are you VIRTUS trained? ___ Yes ___ No