

1030	St. Andrew- Columbus, Ohio
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Reg Date:

WEB

Parish ID#

Parish Name/City

Please PRINT in blue or black ink FAMILY REGISTRATION FORM

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Address: Apt #

City: State: Zip: -

Area Code: Home Phone:

Would you like to be listed in the Parish Directory? yes no

Previous Parish City: State:

Individual Member Information

(Head of Household, Role: Husband, Wife, etc.)

MALE ADULT

FEMALE ADULT

First Name/Nickname:

Maiden Name:

DOB (mm/dd/yyyy):

Email:

Work Phone/Cell Phone: -

Occupation/Employer:

Special Needs:

1st Language/2nd Language:
(If not English)

Sacramental Info:

Check if sacrament received

*Examples: Methodist, Presbyterian, Hindu, etc.

Marital Status: (Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? Wedding Date:

Check box if married by a Priest or Deacon

Baptism Catholic Other RCIA

Reconciliation 1st Communion Confirmation

Baptism Catholic Other RCIA

Reconciliation 1st Communion Confirmation

Place/Church:

City/State:

Additional Family Members/Children Information

Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
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1.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. Baptism Catholic? 1st Communion Reconciliation Confirmation

2.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. Baptism Catholic? 1st Communion Reconciliation Confirmation

3.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. Baptism Catholic? 1st Communion Reconciliation Confirmation

Please return completed form to the Parish Office or drop it in the collection basket at Sunday Mass.

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.