

1030 St. Andrew Parish, Columbus, OH
Parish ID# Parish Name/City

Reg Date: _____

FAMILY REGISTRATION FORM

Envelope #: _____

Last Name: _____ First Name(s): _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (ie: PO Box): _____ City: _____ State: _____ Zip: _____

Other Address (ie: Snowbirds): _____

Family Status: Active Inactive Home Phone _____

Previous Parish _____ Emergency Phone: _____

Annual Directory: ___ No; ___ Yes (but)
___ Not address ___ Not Phone ___ Not Address

Member Information

(Head of Household,
Role: Husband, Wife, etc.)
First Name/Nickname:
DOB (mm/dd/yyyy):
Special Needs:

MALE ADULT

FEMALE ADULT

Form fields for MALE ADULT and FEMALE ADULT including name, DOB, and special needs.

Occupation:
Employer:
Work Phone:
Cell Phone:
Email:
Sacramental Info:

Form fields for Occupation, Employer, Work Phone, Cell Phone, Email, and Sacramental Info.

(DATES:)

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

Married by Priest/Deacon? Yes No Wedding Date: _____ * Maiden Name: _____
Place/Church _____ City/State: _____

Additional Family Members/Children Information

Table with 7 columns: Relationship to Head of Household, First Name, Last Name, Gender, Birthdate & Birthplace, H.S. Grad Yr, School First Language. Includes rows for children and sacramental status.