



FAMILY REGISTRATION FORM

Office Use Only: (Form 01012026)

Date Received: _____

Processed: _____

Env# _____ Online Giving _____

Family Last Name _____ Adult(s) First Name(s) _____

Family Mailing Address _____ City _____ Zip _____

Family Phone Number _____ Family Email Address _____

Previous Parish _____

Stewardship: I use envelopes _____ I give online _____

MEMBER INFORMATION

ADULT #1

ADULT #2

First and Middle Name		
Last Name		
DOB (m/dd/yy)		
Occupation		
Primary Phone Number		
Email		

Sacramental Info

Catholic ____

If other, religion _____

Baptism ____ 1st Communion ____ Confirmation ____

Catholic ____

If other, religion _____

Baptism ____ 1st Communion ____ Confirmation ____

Marital Status _____ Single ____ Married ____ Separated ____ Divorced ____ Widowed


_____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Married by a priest/deacon _____ Wedding Date _____ / _____ / _____

Maiden Name _____

Place/Church _____ City/State _____

ADDITIONAL FAMILY MEMBERS/CHILDREN INFORMATION (living in the home)

	First and Middle Name	Last Name	Gender	Birthdate/Location	Current School
CHILD #1			M ____ F ____	Date of Birth ____/____/____	
	Catholic? Y ____ N ____ Baptized? Y ____ N ____	Baptism Date ____/____/____ Location _____		Birthplace _____	
CHILD #2			M ____ F ____	Date of Birth ____/____/____	
	Catholic? Y ____ N ____ Baptized? Y ____ N ____	Baptism Date ____/____/____ Location _____		Birthplace _____	
CHILD #3			M ____ F ____	Date of Birth ____/____/____	
	Catholic? Y ____ N ____ Baptized? Y ____ N ____	Baptism Date ____/____/____ Location _____		Birthplace _____	Additional children? List on separate sheet of paper. 

Please return form to: Parish Registration to jwenzke@standrewaparish.cc
or mail to St. Andrew Catholic Church Attn: Jen Wenzke 1899 McCoy Rd. Columbus OH 43220