

St. Columba Church Registration Form

Please print and fill out this form to register with our parish. You may drop the form in the weekend collection basket or mail to the parish office: 1327 Lafond Avenue, St. Paul, MN 55104. Date: _____

Family	
Last Name:	Family Email:
First Name:	Marital Status: Single Married Widowed Divorced
Street Address:	Spouse
City/State/Zip:	First and Last Name:
Home Phone:	Maiden Name:
In case of emergency contact: Name: Phone:	Church of Marriage: Date: City, State

Household Members (Please complete one row for <u>each</u> family member)							
Last Name	First Name	M/F	Date of Birth	Religion <small>Catholic Protestant Other</small>	Baptized When Where	First Communion When Where	Confirmed When Where
1							
2							
3							
4							
5							

You may include additional family members of the back of this form.

Are there any special needs that we should be aware of?
Would you like to receive offering envelopes?
Would you like more information about electronic giving?
Are there any ways you would like to volunteer your time or talents?
Would you like a pastoral visit to your home?
How is best way to reach you? Home Phone Cell phone Email Mail Other:
For Office Use: Env#