



WELCOME TO

St. Henry Cluster Parishes

ST. ALOYSIUS | ST. BERNARD | ST. FRANCIS | ST. HENRY | ST. WENDELIN

272 EAST MAIN STREET • PO BOX 350 • ST. HENRY, OH 45883 • 419-678-4118 • STHENRYCLUSTER.COM

DATE REGISTERING: _____ **PARISH:** St. Aloysius St. Bernard St. Francis St. Henry St. Wendelin

FAMILY INFORMATION

Family Last Name: _____

Street Address: _____ P.O. Box #: _____

City/State/Zip: _____

Cell Phone #1: _____ Name of Cell Phone #1 Contact: _____

Cell Phone #2: _____ Name of Cell Phone #2 Contact: _____

Home Phone #: _____ Email Address: _____

ADULT #1 - HEAD OF HOUSEHOLD

First Name: _____ Maiden Name (if applicable): _____

Date of Birth: _____ Gender: _____ Religion: _____

Convert: yes / no RCIA Year: _____ Language: _____

Baptized: yes / no Church of Baptism: _____

First Communion: yes / no Church of First Communion: _____

Confirmed: yes / no Church of Confirmation: _____

Education Level: _____ Occupation: _____

Place of Employment: _____ Employer Phone: _____

ADULT #2

First Name: _____ Maiden Name (if applicable): _____

Date of Birth: _____ Gender: _____ Religion: _____

Convert: yes / no RCIA Year: _____ Language: _____

Baptized: yes / no Church of Baptism: _____

First Communion: yes / no Church of First Communion: _____

Confirmed: yes / no Church of Confirmation: _____

Education Level: _____ Occupation: _____

Place of Employment: _____ Employer Phone: _____

PREVIOUS PARISH(ES): _____

ARE YOU: Single Widow(er) Engaged Married Divorced Separated

DATE AND CHURCH OF MARRIAGE: _____

CHILDREN & YOUNG ADULTS AT THIS RESIDENCE:

FIRST NAME & MIDDLE INITIAL	AGE	GENDER M/F	BIRTHDAY	CHURCH OF BAPTISM	CHURCH OF 1ST COMMUNION	CHURCH OF CONFIRMATION	SCHOOL ATTENDING

ANY OTHERS LIVING WITH THE FAMILY:

SO THAT WE MAY BETTER SERVE YOU:

Does anyone in the family require special assistance? (i.e. hearing impaired, wheelchair bound, educational needs, etc.)

Does anyone in the family have any dietary restrictions? (i.e. diabetic, celiac disease, allergies, etc.)

GIFTED BY SPIRIT, GIFTED TO SERVE:

My family or I would like to volunteer the following skills*:

My family or I would like to be contacted about the following ministries*:

***Please review our CALL TO MINISTRY and PARISH DIRECTORY for additional info.**

Thank You
FOR REGISTERING
WITH OUR CLUSTER PARISHES!