

Date Entered _____ Welcome Pkt sent _____

St. Andrew Catholic Church Registration

ENVELOPE NUMBER: _____ TODAY'S DATE: _____

FAMILY INFORMATION:

Identification Last Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Email: _____ Primary Phone #: () _____ (Circle one): Mobile Home Work
 Emergency Contact Name: _____ Emergency Contact Phone # () _____

At the present time please check the one that applies: Married Single Separated Divorced Widow
 If Married: Were you married by a Dcn./Catholic Priest Y____ N____, Please provide Anniversary Date: ____/____/____
 (ONLY IF MARRIED IN THE CATHOLIC CHURCH)

Are you registered in another parish? Y____ N____ If yes, parish Name _____ City: _____ State: _____ Zip: _____
 Are you a Winter Resident? Y____ N____ If Yes, Approximately what dates do you live there? From ____/____ To ____/____
 Winter residence address: _____ City _____ State _____ Zip _____

MEMBERS INFORMATION:

HEAD OF HOUSEHOLD: Male _____ Female _____
 Name: _____
First Middle Last
 Maiden Name: _____
 Date of Birth: ____/____/____
 State/Country of Birth: _____ Primary Language _____
 Phone number: () _____ (circle one) Mobile Home Work
 Occupation: _____
 Employer: _____
 Religion: _____
 Check mark all the Sacraments that have been celebrated:
 _____ Baptism _____ Communion _____ Confirmation _____
 Church of Baptism _____ Place _____ Year _____
 Relationship to children on back page: Birth father Birth mother
 Step parent Other Explain _____

SPOUSE: Male _____ Female _____
 Name: _____
First Middle Last
 Maiden Name: _____
 Date of Birth: ____/____/____
 State/Country of Birth: _____ Primary Language _____
 Phone number: () _____ (circle one) Mobile Home Work
 Occupation: _____
 Employer: _____
 Religion: _____
 Check mark all the Sacraments that have been celebrated:
 _____ Baptism _____ Communion _____ Confirmation _____
 Church of Baptism _____ Place _____ Year _____
 Relationship to children on back page: Birth father Birth mother
 Step parent Other Explain _____

CONTINUE ON THE BACK OF THIS PAGE 



____ Child 1
 ____ Other: _____
 Gender: ____ Male ____ Female

Full Name: _____
First Middle Last

Date of Birth: ____/____/____

State/Country of Birth: _____
 Religion: _____
 Primary language: _____

Check mark all Sacraments that have been celebrated:
 Baptism if Yes:
 Church: _____
 Place: _____
 Date: _____
 Communion
 Confirmation

Has this child received any of the sacraments at St. Andrew? Y__ N__ if yes, date ____/____/____

School Name: _____
 Grade: _____

____ Child 2
 ____ Other: _____
 Gender: ____ Male ____ Female

Full Name: _____
First Middle Last

Date of Birth: ____/____/____

State/Country of Birth: _____
 Religion: _____
 Primary language: _____

Check mark all Sacraments that have been celebrated:
 Baptism if Yes:
 Church: _____
 Place: _____
 Date: _____
 Communion
 Confirmation

Has this child received any of the sacraments at St. Andrew? Y__ N__ if yes, date ____/____/____

School Name: _____
 Grade: _____

____ Child 3
 ____ Other: _____
 Gender: ____ Male ____ Female

Full Name: _____
First Middle Last

Date of Birth: ____/____/____

State/Country of Birth: _____
 Religion: _____
 Primary language: _____

Check mark all Sacraments that have been celebrated:
 Baptism if Yes:
 Church: _____
 Place: _____
 Date: _____
 Communion
 Confirmation

Has this child received any of the sacraments at St. Andrew? Y__ N__ if yes, date ____/____/____

School Name: _____
 Grade: _____