

St Andrew the Apostle- Parish Registration Form

Welcome to our Parish Community! Please print your responses

Title:_____ First Name:_____ Middle Initial:_____ Last Name:_____

Title:_____ First Name:_____ Middle Initial:_____ Last Name:_____ (Maiden)

Address:_____

City:_____ State:_____ Zip:_____

Cell Phone:_____ Home Phone:_____

Email:_____

Preferred email –you will receive class/event reminders, emergency changes and updates at this address

Marital Status:

☐ Married in Church ☐ Married Civilly ☐ Divorced ☐ Annulled ☐ Single ☐ Separated

Would you like assistance to convalidate your civil marriage in the church, if possible? ☐ yes

Household Member Information:

Please only enter those who are presently residing in your household or who are temporarily away for college/military.

	Head 1	Head 2	<input type="radio"/> Other Adult <input type="radio"/> Child	<input type="radio"/> Other Adult <input type="radio"/> Child	<input type="radio"/> Other Adult <input type="radio"/> Child	<input type="radio"/> Other Adult <input type="radio"/> Child
First Name						
Last Name						
Religion						
Date of Birth						
Sex (M/F)						
Highest Grade Completed						
Occupation						
Employer						
Baptism	Date:	Date:	Date:	Date:	Date:	Date:
First Communion	Date:	Date:	Date:	Date:	Date:	Date:
Confirmation	Date:	Date:	Date:	Date:	Date:	Date:
Marriage	Date:	Date:	Date:	Date:	Date:	Date:

Continues to next page