



WELCOME TO SAINT HENRY Parish

272 E Main St | PO Box 350 | St. Henry, OH

419-678-4118 | sthenrycluster.com

DATE REGISTERING: _____

FAMILY INFORMATION

Family Last name: _____

Street Address: _____ PO Box: _____

City/State/Zip: _____

Home Phone: _____

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: _____

Cell Phone: _____ Email: _____

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: _____

Cell Phone: _____ Email Address: _____

PREVIOUS PARISH(ES): _____

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

DATE & CHURCH OF MARRIAGE: _____



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CHILDREN & YOUNG ADULTS AT THIS RESIDENCE:

First Name & Middle Initial	Age	Gender M/F	Birthday	Baptism	Church of:		School Attending
					1 st Communion	Confirmation	

ANYONE ELSE LIVING WITH THE FAMILY:

SO THAT WE MAY BETTER SERVE YOU:

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

Does anyone in the family have any allergies or dietary restrictions?

For those with gluten intolerances, we offer the Blood of the Most Holy Eucharist on the Mary side of the communion line.

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 see our MINISTRY SIGN UP, PARISH DIRECTORY and/or ANNUAL UPDATE REPORT for more info.**



THANK YOU FOR REGISTERING!