

OFFICE USE:

Env. # _____

PLEASE PRINT

ST. ANDREW CHURCH REGISTRATION

Today' Date _____ Original Date of Registration _____

Family Last Name _____ First _____ Spouse _____

Title: Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. Street and Mailing Address _____

City/State _____ Zip _____ Phone # _____

E-Mail address _____

Pre-printed envelopes will be mailed 6-8 weeks after registration.

Primary language spoken at home? _____ Which Mass do you attend? _____ English _____ Spanish # Children at Home: _____

Church attendance: _____ Frequent _____ Regular _____ Occasional _____ Seldom

HEAD OF HOUSEHOLD Catholic: ___ Yes ___ No other _____ **SPOUSE** Catholic: ___ Yes ___ No other _____

Last Name _____ First Name _____ Last Name _____ First Name _____

Middle Name _____ Maiden Name _____ Middle Name _____ Maiden Name _____

Birthdate _____ Ethnic Origin _____ Birthdate _____ Ethnic Origin _____

Baptism Yr. _____ Church _____ City _____ State _____ Baptism Yr. _____ Church _____ City _____ State _____

1st Communion Yr. _____ Church _____ City _____ State _____ 1st Communion Yr. _____ Church _____ City _____ State _____

Confirmation Yr. _____ Church _____ City _____ State _____ Confirmation Yr. _____ Church _____ City _____ State _____

Occupation _____ Employer _____ Occupation _____ Employer _____

Wk. Ph. # _____ Ext. _____ Wk. Ph. # _____ Ext. _____

_____ Single _____ Divorced _____ Divorced/Remarried

_____ Separated _____ Widowed/Widower

_____ Single _____ Divorced _____ Divorced/Remarried

_____ Separated _____ Widowed/Widower

Marital Status: _____ Married by a Priest Date of Marriage _____

_____ Married by a Minister, etc. Church married in _____

_____ Married Civil City _____ State _____

If you or your spouse were not married in the Catholic Church, would you like to pursue having your marriage (blessed) validated in the Church?

_____ Yes _____ No

Is an Annulment needed? _____ Yes _____ No

CHILDREN and/or OTHERS

Catholic: ___ Yes ___ No other _____ ___ Male ___ Female Birthdate _____ School _____ Grade _____
Last Name _____ First Name _____ Middle Name _____ Relationship _____
Baptism Year _____ Church _____ City _____ State _____
1st Communion Year _____ Church _____ City _____ State _____
Confirmation Year _____ Church _____ City _____ State _____

Catholic: ___ Yes ___ No other _____ ___ Male ___ Female Birthdate _____ School _____ Grade _____
Last Name _____ First Name _____ Middle Name _____ Relationship _____
Baptism Year _____ Church _____ City _____ State _____
1st Communion Year _____ Church _____ City _____ State _____
Confirmation Year _____ Church _____ City _____ State _____

Catholic: ___ Yes ___ No other _____ ___ Male ___ Female Birthdate _____ School _____ Grade _____
Last Name _____ First Name _____ Middle Name _____ Relationship _____
Baptism Year _____ Church _____ City _____ State _____
1st Communion Year _____ Church _____ City _____ State _____
Confirmation Year _____ Church _____ City _____ State _____

Catholic: ___ Yes ___ No other _____ ___ Male ___ Female Birthdate _____ School _____ Grade _____
Last Name _____ First Name _____ Middle Name _____ Relationship _____
Baptism Year _____ Church _____ City _____ State _____
1st Communion Year _____ Church _____ City _____ State _____
Confirmation Year _____ Church _____ City _____ State _____

Is there anyone in your home with a disability? ___ Yes ___ No **Please explain:** _____

Comments: _____