

Please return the Parish Support intention card and registration form to complete your registration.

St. Andrew the Apostle Registration Form

(Please complete entire form front and back)

Today's Date: _____

Family Name: _____ Do you wish to receive envelopes? Yes _____ No _____

Street Address: _____ On-line E-Giving Yes _____ No _____

City / State _____ Zip: _____ Email _____ Email _____

Home Phone: _____ Cell Phone _____

Family Status (*please circle*): Single Engaged Married Widowed Separated Divorced

If married, were you married by a priest? (*please circle*): Yes No Date of Marriage: _____ Woman's Maiden Name: _____

Please circle all that apply: Retired Homebound Disabled Winter Visitor

Your Name: _____ Spouses Name: _____

Place of Employment: _____ Place of Employment: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Please list all family members to be registered. Use separate sheet for additional members.

| <i>Please circle <u>Male</u> or <u>Female</u> for all children below.</i> | Religion | Birth Date | Baptism Date & Place | 1 st Reconciliation (Confession) Date & Place | 1 st Eucharist (Holy Communion) Date & Place | Confirmation Date & Place | Grade | School |
|---|----------|------------|----------------------|--|---|---------------------------|-------|--------|
| (Head of Household) | | | | | | | | |
| (Spouses Name) | | | | | | | | |
| (Child's Name) | | | | | | | | |
| Male ~Female (Child's Name) | | | | | | | | |
| Male ~ Female (Child's Name) | | | | | | | | |
| Male ~ Female (Child's Name) | | | | | | | | |
| Male ~ Female (Child's Name) | | | | | | | | |

Office Use Only: ID# _____ IP/OP _____ Welcome Letter _____ Welcome Call _____ Date Received: _____