

St. Andrew Catholic Church

Member Registration

Number: _____ (Office use)

Today's Date: _____

Will you use offertory/contribution envelopes if we order them? Y / N

Last (family) Name: _____ Phone: _____ 2nd Phone: _____

Street Address: _____ City: _____ Zip: _____

HOH* First Name: _____ Catholic: Y / N DOB: _____ Single / Married / Divorced / Widowed

Spouse's First Name: _____ Catholic: Y / N DOB: _____ Anniversary _____ / _____ / _____
Month Day Year

E-Mail Address: _____ *HOH = Head of Household

Dependent Children in Household:		<u>Baptized</u>	<u>1st Communion</u>	<u>Confirmed</u>
1) _____	M / F DOB: _____	Y / N	Y / N	Y / N
2) _____	M / F DOB: _____	Y / N	Y / N	Y / N
3) _____	M / F DOB: _____	Y / N	Y / N	Y / N
4) _____	M / F DOB: _____	Y / N	Y / N	Y / N
5) _____	M / F DOB: _____	Y / N	Y / N	Y / N

Interests: Altar Server ___ Altar Society ___ Bereavement Comm ___ Buildings & Grounds ___ Eucharistic Ministry ___ RCIA ___

Lector ___ Librarian ___ Liturgy Comm ___ Music ___ Outreach ___ Parish Council ___ Prayer Chain ___ Evangelization ___

Publicity ___ Usher ___ Religious Ed ___ Youth Ministry ___ K of C ___ Family Life ___ Finance Comm ___ Other: _____