



## St. Andrew's Roman Catholic Church Parish Registration Form

Please complete the entire form with applicable data. This will assist us in updating our parish records and in assessing your needs. Once completed, the form may be dropped off at the parish office or placed in the collection basket.

### Contact Information

Name: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Household Members

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Other Information

Does anyone in your home have a special talent or skill set that they would be willing to share with the parish community if needed? If so, please describe below.

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Do you or anyone in your household require information with regard to (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Baptism                        | <input type="checkbox"/> Anointing of the Sick      |
| <input type="checkbox"/> First Reconciliation/Communion | <input type="checkbox"/> Adult Faith Formation      |
| <input type="checkbox"/> Confirmation                   | <input type="checkbox"/> Children's Faith Formation |
| <input type="checkbox"/> Marriage                       |   |

Would you like to receive the weekly bulletin via email?  Yes  No