				St. Andre	ew the Ap	ostle	Catholic	Church				
PARISH REGISTRATION FORM  Date:  Please type/print all information				910 Austin Drive Saline, MI 48176-1157 Phone: 734-429-5210 Fax: 734-429-0680 Email: office@standrewsaline.org				For Office Use Only—Revised March 21, 2016  Household # Booklet  Envelope # Letter				
Family Name (Last) Address				Cit				State	Zip	Primary Email Address		
Primary Hous Circle: Landline							and/or sp	pecial ne	eds (such a	as blind, d	deaf, physic	ally
( )				impaired, shut in):								
Adult's Name/ Name you go by First Middle		Title: Mr/Mrs/ Dr/Ms	Birthdate: Mm/dd/yy	Marital Status: See codes	Occupation & Work Place		Alternate Phone		Religion Catholic/ Baptist/etc.	Baptized Y/N	If Catholic: First Communion Confirmed Y/N Y/N	
			,,				( ) Circle: Cell	/ Work				
							( ) Circle: Cell / Work					
							( ) Circle: Cell / Work					
If Married: Wife's Maiden Name:		Last name if different:		Marital Codes:  1) Married 2) Single 3) Widowed 5) Divorced 4) Separated 6) Annulled			d (if n Prie	ot, then wit est or Deac	tholic Church tnessed by a ( on?) No	Sunday Mass preference: Circle one Sat. 5:30 pm Sun. 7:30 am 9:30 am 11:30 am 5:30 pm		
Children at Ho	ome											

First Name (& Nickname)	Middle Name	Last Name (if different)	Birthdate	Gender M/F	Grade	Graduation Year	Religion Catholic/ Baptist/etc	Baptized Y/N	Communion Y/N	If Catholic: Confession Y/N	Confirmed Y/N