St. Andrew the Apostle 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: standrew@comcast.net

For Office Use Only—Revised May 11, 2012
Household #_____ Booklet _____
Envelope #_____ Letter_____

Family Name (Last)	Address	City	State	Zip	Primary Email Address

Primary Household Telephone
Circle: Landline or Cell (indicate whose cell)
( ) ☐ *Do not publish #*

Additional comments and/or special needs (such as blind, deaf, physically 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 Y/N	Confirmed 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 4) Separated 5) Divorced 6) Annulled	Married in Catholic Church *(if not, then witnessed by a Catholic Priest or Deacon?)* Yes 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 Home

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