	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: *office@standrewsaline.org*	For Office Use Only—Revised March 21, 2016 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 5) Divorced 2) Single 4) Separated 3) Widowed 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*