

CHILD: Male Female

FIRST NAME: MIDDLE INITIAL:

DATE OF BIRTH:
month/day/year

SACRAMENTS :
Baptized: Yes No Interested in receiving
Reconciliation: Yes No Interested in receiving
1st Communion: Yes No Interested in receiving
Confirmed: Yes No Interested in receiving

SCHOOL NAME: GRADE:

CHILD: Male Female

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month/day/year

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ST. ANDREW'S CATHEDRAL

PARISH REGISTRATION FORM



Welcome to St. Andrew's Cathedral! Thank you for taking the time to complete all the pages of this registration and information form. Once completed, please drop it in the collection basket or leave it at the Parish Office. The information you provide to us will be treated with complete confidentiality.

New Parishioner Change of Information

FAMILY INFORMATION:

FAMILY NAME (SURNAME):

ADDRESS:

CITY:

POSTAL CODE:

PHONE (H):

DATE YOU MOVED INTO THE PARISH:

CHURCH ATTENDANCE: Weekly Frequent Occasional Seldom

PARISH FINANCIAL SUPPORT:

I would like to support the parish through:

Offering Envelopes: Yes No
OR Pre-Authorized Debit: Yes No
OR Credit Card: Yes No

Please drop by the parish office to pick up forms/envelopes

MAIN CONTACT: Male Female

FIRST NAME:

**MIDDLE
INITIAL:**

DATE OF BIRTH:

month/day/year

RELIGION:

Catholic Other: _____
 Other Christian _____ None

PHONE (CELL):

EMAIL:

**PREFERRED
CONTACT:**

Phone (H) Phone (cell) Email

OCCUPATION:

SACRAMENTS :

Baptism: Yes No Interested in receiving
Reconciliation: Yes No Interested in receiving
1st Communion: Yes No Interested in receiving
Confirmation: Yes No Interested in receiving

**MARITAL
STATUS:**

Single Common-Law Divorced
 Married* Separated Widowed

***DATE OF
MARRIAGE:**

***CHURCH/PLACE
OF MARRIAGE:**

If you were not married in the Catholic Church, would you like to have a discussion with the parish priest about the possibility of having your union blessed in the Catholic Church? Yes No

SPOUSE: Male Female

FIRST NAME:

**MIDDLE
INITIAL:**

SURNAME:

DATE OF BIRTH:

month/day/year

RELIGION:

Catholic Other: _____
 Other Christian _____ None

PHONE (CELL):

EMAIL:

OCCUPATION:

SACRAMENTS :

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Reconciliation: Yes No Interested in receiving
1st Communion: Yes No Interested in receiving
Confirmed: Yes No Interested in receiving

***Please complete the following for children under the age of 19.
Adult children should complete their own Registration Form.***

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FIRST NAME:

**MIDDLE
INITIAL:**

DATE OF BIRTH:

month/day/year

SACRAMENTS :

Baptized: Yes No Interested in receiving
Reconciliation: Yes No Interested in receiving
1st Communion: Yes No Interested in receiving
Confirmed: Yes No Interested in receiving

SCHOOL NAME:

GRADE: