

CHILD: Male Female

FULL NAME:

First Name Middle Initial Last Name

DATE OF BIRTH:

month/day/year

SACRAMENTS RECEIVED:

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

SCHOOL NAME:

GRADE:

CHILD: Male Female

FULL NAME:

First Name Middle Initial Last Name

DATE OF BIRTH:

month/day/year

SACRAMENTS RECEIVED:

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

SCHOOL NAME:

GRADE:

CHILD: Male Female

FULL NAME:

First Name Middle Initial Last Name

DATE OF BIRTH:

month/day/year

SACRAMENTS RECEIVED:

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

SCHOOL NAME:

GRADE:

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 CONTACT INFORMATION:

SUITE / UNIT #:

ADDRESS:

CITY:

POSTAL CODE:

MAIN CONTACT:

PHONE:

EMAIL:

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:**

SURNAME:

DATE OF BIRTH:
month/day/year

RELIGION: Catholic Other: _____
 Other Christian _____ None

PHONE:

EMAIL:

OCCUPATION:

SACRAMENTS RECEIVED:
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

***IF MARRIED:**

DATE:

CHURCH/PLACE:

TYPE: Catholic Church Civil Other Religious: _____

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:

EMAIL:

OCCUPATION:

SACRAMENTS RECEIVED:
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

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

CHILD: Male Female

FULL NAME:
First Name Middle Initial Last Name

DATE OF BIRTH:
month/day/year

SACRAMENTS RECEIVED:
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

SCHOOL NAME: **GRADE:**