

ST. ANDREW PARISH REGISTRATION

Welcome to St. Andrew Catholic Community.

To become registered members of our community, please fill out this registration form or the online form located in "Parish Forms" on our website at www.standrewsumner.org. If you have children, please include their information as this will register them in the appropriate Faith Formation programs. You may also use these forms to update any personal data such as change of address.

Household Information:

Family Surname: _____

Address: _____ City _____ Zip code _____

Primary Phone Number: _____

Cell phone 1: _____ Cell phone 2: _____

Email address: _____

Status: New to St. Andrew Returning Information update

Offering: Weekly envelopes EFT

Adult 1

Last Name: _____ First Name: _____

Birthdate: _____ Gender: M F

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

Preferred contact method: Email Phone _____

Baptism 1st Eucharist Confirmation: Date of Marriage: _____

Adult 2

Last Name: _____ First Name: _____

Birthdate: _____ Gender: M F

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

Preferred contact method: Email Phone _____

Baptism 1st Eucharist Confirmation: Date of Marriage: _____

Dependent 1

Last Name: _____ First Name: _____

Birthdate: _____ Gender _____

School: _____ Grade _____

Baptism Date: _____ Church: _____ City/State _____

Dependent 1 con't.

1st Reconciliation Date: _____ 1st Eucharist Date: _____ Confirmation Date: _____

Health concerns/allergies: _____

Dependent 2

Last Name: _____ First Name: _____

Birthdate: _____ Gender _____

School: _____ Grade _____

Baptism Date: _____ Church: _____ City/State _____

1st Reconciliation Date: _____ 1st Eucharist Date: _____ Confirmation Date: _____

Health concerns/allergies: _____

Dependent 2

Last Name: _____ First Name: _____

Birthdate: _____ Gender _____

School: _____ Grade _____

Baptism Date: _____ Church: _____ City/State _____

1st Reconciliation Date: _____ 1st Eucharist Date: _____ Confirmation Date: _____

Health concerns/allergies: _____

Dependent 3

Last Name: _____ First Name: _____

Birthdate: _____ Gender _____

School: _____ Grade _____

Baptism Date: _____ Church: _____ City/State _____

1st Reconciliation Date: _____ 1st Eucharist Date: _____ Confirmation Date: _____

Health concerns/allergies: _____

Dependent 4

Last Name: _____ First Name: _____

Birthdate: _____ Gender _____

School: _____ Grade _____

Baptism Date: _____ Church: _____ City/State _____

1st Reconciliation Date: _____ 1st Eucharist Date: _____ Confirmation Date: _____

Health concerns/allergies: _____