

The Community of
St. Christopher Catholic Parish
St. Andrew Catholic Church, Verona & St. William Catholic Church, Paoli

Last Name: _____	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Other	Religion	Spouse
First Name: _____ <small>(Head of Household)</small>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Language	
Spouse: _____ <small>(Other)</small>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Gender	
E-Mail address: _____		Birthdate	

Please indicate your preference regarding how your family name appears on mailing labels: _____

Street Address: _____ **City/ST:** _____ **Zip:** _____ - _____

Mailing Address: _____ **City/ST:** _____ **Zip:** _____ - _____
(if different from above)

Primary Phone: () _____ - _____ **Cell Phone:** () _____ - _____ **Business Phone:** () _____ - _____ **Occupation:** _____
(Head of Household)

Primary Phone: () _____ - _____ **Cell Phone:** () _____ - _____ **Business Phone:** () _____ - _____ **Occupation:** _____
(Spouse/Other)

Family Status: Married Single Single Parent Separated Divorced Widow/er

Other Members of Household

	1	2	3	4	5
Name					
Religion					
Language					
School & Grade					
Gender					
Birthdate					
Separate Envelopes (Age 18 or older)	Yes No	Yes No	Yes No	Yes No	Yes No

If you are not already, would you like information about becoming Catholic?

For Office Use Only:

Id/Env: _____

Date: _____

Entered by: _____

Sacraments Received – Please indicate **date**, if known (or approximate year), each Sacrament was received for each member of household

First Name	Baptism	Faith of Baptism	1st Reconciliation	1st Communion	Confirmation	Marriage