



SAINT CHRISTOPHER CATHOLIC PARISH

Please complete all cells that apply

St. Andrew Catholic Church, Verona & St. William Catholic Church, Paoli

NEW MEMBER FORM

You may use the tab key to move from cell to cell

TODAY'S DATE: _____

Click on appropriate boxes

Last Name: _____

Primary Phone Number: _____

Street Address: _____

Previous Church, Location: _____

City: _____ State: _____ Zip: _____

How would you like your names to read on parish mailings?

[ie. John & Nancy Doe; Mr. & Mrs. John Doe; Miss; Mr.; Mrs.; Dr.]

Mailing Address: _____

[If different from above]

City: _____ State: _____ Zip: _____

For Office Use Only	ID/ENV: _____
	DATE: _____
	ENTERED BY: _____

PLEASE PRINT LEGIBLY

Please complete all cells in either (or both) column/s below

LIST DEPENDENT CHILDREN ONLY:

	Use Legal Names for Record Purposes	MALE Head of Household		FEMALE Head of Household		1st Child		2nd Child		3rd Child		4th Child		5th Child	
						M	F	M	F	M	F	M	F	M	F
	First Name														
	Middle Name														
	Last Name														
	Gender					M	F	M	F	M	F	M	F	M	F
	Birth Date [MM/DD/YY]														
	Religion														
	Language														
	Marital Status [M/S/D/W]														
	Wedding Date [MM/DD/YY]														
	Church Name & Location														
	Maiden Name														
	Cell Phone														
	E-mail Address														
	Occupation														
	Employer														
	Business Phone														
SACRAMENTS RECEIVED	Baptism	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	1st Reconciliation	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	1st Communion	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	Confirmation	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	School Attending														
	Grade in School														
	Interest in Religious Education Classes?					YES	NO	YES	NO	YES	NO	YES	NO	YES	NO