

Registration Form

St. Andrew Catholic Church
 3717 Stadium Drive
 Fort Worth, TX 76109
 817-927-5383
 www.standrewcc.org

- Mr. & Mrs.
- Mr.
- Mrs.
- Dr.
- Ms.
- Miss
- Other

Last Name _____ First Name _____ Middle Initial _____
 Address _____ Apt # _____
 City/State/Zip _____
 Telephone _____ Family e-mail _____

- Marital Status**
- Catholic Marriage by a priest or deacon
 - Other Church Marriage
 - Civil Marriage
 - Single
 - Separated
 - Divorced
 - Widowed

Information to publish in Parish Directory:
 Publish name/address/phone _____.
 Omit name/address/phone _____.
 Publish name only _____.
 Publish name/phone only/no address _____.
 Publish name/address only/no phone _____.
 Do you need offertory envelopes _____ or prefer to give on-line _____.
 If no answer, envelopes will be mailed to you.

	Head of Household	Spouse	Child	Child	Child	Child
First Name						
Last Name/ Maiden Name						
Religion						
Occupation						
Contact phone						
Birth date/year						
Special Situation/ Disability						
Sex	M / F	M / F	M / F	M / F	M / F	M / F
School Attending/ Current Grade						
Date of Marriage						
Baptized	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
First Reconciliation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
First Eucharist	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
Ethnicity (optional)						

For Office Use Only
 ID Number: _____
 Registry Date: _____
 Delete Date: _____