

St. Andrew Catholic Church • Holts Summit, Missouri
Catholic Diocese of Jefferson City

Office Use Only ID/Envelope _____

Family Name: _____ Date Registered: _____

First Name of Head of Household: _____

Local Address: _____	Former Parish: _____
Street _____	Street Address _____
Mailing Address _____	Mailing Address _____
City/State _____	City/State _____
Zip _____	_____

Phone: Home _____ Cell (Head) _____ Cell (Spouse) _____

Email: _____

	Children Living At Home								
	Head	Spouse	Child	Child	Child	Child	Child	Other Adult	
First Name									
Last Name if Different									
Gender									
Birth date									
Status <small>Mar. Sing. Div. Sep. Wid.</small>									
Religion									
Sacraments Received (please circle)									
Baptism	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
First Communion	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Confirmation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Profession of Faith	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Matrimony	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

See Ministry Listing on reverse side. Mark ministries you or family member are involved in or interested in.

Will you contact your former parish to let them know you have transferred? Yes or No