

**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:  
 Street \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Zip \_\_\_\_\_

Former Parish: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell (Head) \_\_\_\_\_ Cell (Spouse) \_\_\_\_\_

Email: \_\_\_\_\_

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