

THE CATHOLIC COMMUNITY OF ST. ANDREW CHURCH PARISH REGISTRATION FORM

833 Julia Street, Amelia, LA 70340
985-631-2333 Fax 985-631-2334
Email: st.andrew@teche.net
Website: standrewcentral.org

Household Last Name: _____
Home Address: _____
City: _____ State _____ Zip _____
Home Phone: (____) _____ Cell Phones: (____) _____ (____) _____
Primary (Preferred) E-mail: _____ →
Should non-Catholic spouse receive church correspondence? _____ yes _____ no _____ n/a

Are you currently registered in another parish in the Diocese of Houma-Thibodaux?
← If yes, which parish? _____

In what way can St. Andrew Church assist your family?

Would you like to receive Offertory Envelopes? _____ Would you like to enroll in Automated Giving? _____

If you would like to include your family picture for our parish directory, email a picture in .jpg format to st.andrew@teche.net

ADULT #1 IN HOUSEHOLD

Name _____ male female Goes by _____
Date of Birth ____/____/____ Place of Birth _____ Highest Grade/Degree _____
Occupation _____ Employer _____
Work Phone # _____ Alternate e-mail _____
Marital Status Married Single Widowed Separated Divorced Engaged
Race/Ethnicity White Hispanic African American Asian Native American Other _____
Baptized? (Roman Catholic)? yes no Other denomination? yes no If yes, which? _____
First Communion? yes no Confirmation? yes no Marriage Date ____/____/____
Do you have skills and experiences you would consider sharing?

Are there ministries/groups you are interested in joining?

Fluent in another language? yes no If so, which? _____

ADULT #2 IN HOUSEHOLD

Name _____ male female Goes by _____
Date of Birth ____/____/____ Place of Birth _____ Highest Grade/Degree _____
Occupation _____ Employer _____
Work Phone # _____ Alternate e-mail _____
Marital Status Married Single Widowed Separated Divorced Engaged
Race/Ethnicity White Hispanic African American Asian Native American Other _____
Baptized? (Roman Catholic)? yes no Other denomination? yes no If yes, which? _____
First Communion? yes no Confirmation? yes no Marriage Date ____/____/____
Do you have skills and experiences you would consider sharing?

Are there ministries/groups you are interested in joining?

Fluent in another language? yes no If so, which? _____

OTHER ADULT IN HOUSEHOLD

Name _____ male female Goes by _____
 Date of Birth ____/____/____ Place of Birth _____ Highest Grade/Degree _____
 Occupation _____ Employer _____
 Work Phone # _____ Alternate e-mail _____
 Marital Status Married Single Widowed Separated Divorced Engaged
 Race/Ethnicity White Hispanic African American Asian Native American Other _____
 Baptized? (Roman Catholic)? yes no Other denomination? yes no If yes, which? _____
 First Communion? yes no Confirmation? yes no Marriage Date ____/____/____
 Do you have skills and experiences you would consider sharing?

Are there ministries/groups you are interested in joining?

Fluent in another language? yes no If so, which? _____

CHILDREN AT HOME ADULT CHILDREN 25 AND OLDER MUST REGISTER SEPARATELY

	NAME	M/F	DOB	AGE	ETHNICITY	Baptized (Roman Catholic)?	If no, Baptized in Other Faith?	First Communion?	Confirmed?
1									
Interested in any ministries or groups?									
2									
Interested in any ministries or groups?									
3									
Interested in any ministries or groups?									
4									
Interested in any ministries or groups?									
5									
Interested in any ministries or groups?									
6									
Interested in any ministries or groups?									