

Please return to St. Andrew Parish,
714 E. Walworth Ave., Delavan WI 53115
262-728-5922

_____ (Today's Date)

MEMBERSHIP REGISTRATION FORM St. Andrew Parish

Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (Home) _____; (Work) _____
e-mail: _____

Preferred title for mailings (Mr./Mrs., First & Last name(s), etc.): _____

First Name (male): _____	First Name (Female): _____
Date of Birth: _____	Date of Birth: _____
Baptized (yes or no): _____	Baptized (yes or no): _____
Communion (y/n): _____	Communion (y/n): _____
Confirmation (y/n): _____	Confirmation (y/n): _____
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____

Single _____ Separated _____ Divorced _____ Widowed _____ Married _____ Engaged _____

Proposed Wedding Date: _____

If Married, Date: _____ What type of ceremony (Catholic, Civil, or in a non-Catholic Church)?
(circle one of the above)

Children or other persons living at same address:

Name(s)	Date of Birth	Baptized (y/n)	Communion (y/n)	Confirmation (y/n)	School
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____