

Family Last Name: _____

(please print)

St. Angela Merici Catholic Church

20790 Lorain Rd.
Fairview Park, OH 44126



Street Address: _____ Phone: _____

City and Zip: _____ Email: _____

Offertory Envelopes: Weekly Monthly Both None I would like information about online giving

<p>Marital Status</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p>	<p>If Married</p> <p>Marriage Date: _____ Catholic Ceremony? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Place of Marriage: _____</p> <p>City/State of Marriage: _____</p>
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<p>Male Head of Household</p>	
<p><input type="checkbox"/> Mr. <input type="checkbox"/> Dr. _____ Date of Birth: _____ City/State of Birth: _____</p>	
<p>Work Phone: _____ Cell Phone: _____ Religion: _____</p>	
<p>St. Angela Alumni: <input type="checkbox"/> YES <input type="checkbox"/> NO 8th Grade Graduation Year: _____ High School: _____</p>	
<p>College(s): _____ Degree(s): _____ Occupation: _____</p>	
<p>Sacrament Information</p>	
<p>Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Baptism: _____ Baptism Church: _____ City/State: _____</p>	
<p>Confirmed? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Confirmation: _____</p>	

<p>Female Head of Household</p>	
<p><input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. _____ Maiden Name: _____</p>	
<p>Date of Birth: _____ City/State of Birth: _____</p>	
<p>Work Phone: _____ Cell Phone: _____ Religion: _____</p>	
<p>St. Angela Alumni: <input type="checkbox"/> YES <input type="checkbox"/> NO 8th Grade Graduation Year: _____ High School: _____</p>	
<p>College(s): _____ Degree(s): _____ Occupation: _____</p>	
<p>Sacrament Information</p>	
<p>Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Baptism: _____ Baptism Church: _____ City/State: _____</p>	
<p>Confirmed? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Confirmation: _____</p>	

Child(ren) Information

Children away at college should be listed on the form. Adult children not in school and other adults living in the home should register separately. If you need additional "Child" spaces, please use a separate piece of paper and return with this form.

Child Name: _____ Gender: FEMALE MALE Religion: _____
Date of Birth: _____ City/State of Birth: _____
School: _____ Current Grade: _____ College Attending: _____

Sacrament Information

Baptized? YES NO Date of Baptism: _____ Baptism Church: _____ City/State: _____
Confirmed? YES NO Date of Confirmation: _____

Child Name: _____ Gender: FEMALE MALE Religion: _____
Date of Birth: _____ City/State of Birth: _____
School: _____ Current Grade: _____ College Attending: _____

Sacrament Information

Baptized? YES NO Date of Baptism: _____ Baptism Church: _____ City/State: _____
Confirmed? YES NO Date of Confirmation: _____

Child Name: _____ Gender: FEMALE MALE Religion: _____
Date of Birth: _____ City/State of Birth: _____
School: _____ Current Grade: _____ College Attending: _____

Sacrament Information

Baptized? YES NO Date of Baptism: _____ Baptism Church: _____ City/State: _____
Confirmed? YES NO Date of Confirmation: _____

Child Name: _____ Gender: FEMALE MALE Religion: _____
Date of Birth: _____ City/State of Birth: _____
School: _____ Current Grade: _____ College Attending: _____

Sacrament Information

Baptized? YES NO Date of Baptism: _____ Baptism Church: _____ City/State: _____
Confirmed? YES NO Date of Confirmation: _____