

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

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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