



Saint Ann

CATHOLIC CHURCH

2900 West Galbraith Road Cincinnati, Ohio 45239
521-8440 info@saintannparish.org www.saintannparish.org

Welcome to Saint Ann! A complete parish registration includes all three of these sections:

- 1** Household information **2** Time & Talent Opportunities **3** Treasure Commitment

Time and talent opportunities and treasure commitment require prayerful reflection and, if you are a family, discussion and joint discernment. You are encouraged to return this registration form to the parish office so that we may meet and welcome you into the parish. You may also return the form by mail or by dropping it into the offertory basket at mass or in the drop box outside the St. Francis Center. Following receipt of this form we will follow up with a phone call and mailing, which includes parts 2 and 3 of the registration process.

Household/Family Information (Please Print)

Today's Date: _____ Family Name: _____ Number in Household: _____
Phone: (____) _____ (home/cell) May we list your information in the parish directory? Yes No
Street Address: _____ City: _____ State: _____ Zip: _____
Best way to be contacted: Phone call E-mail Text Mail
(Circle the best options)

Member Information

Please fill in completely for each family member. If you are single, please fill in the appropriate information.

Adult Male

First name: _____ Middle: _____ Last: _____
Name Called by: _____ Birthdate: ____/____/____ Place of Birth: _____
Cell Phone: (____) _____ E-mail Address: _____
Occupation: _____ Employer: _____
Work Phone: (____) _____ May we contact you at work? Yes No

Adult Female

First name: _____ Middle: _____ Last (including maiden): _____
Name Called by: _____ Birthdate: ____/____/____ Place of Birth: _____
Cell Phone: (____) _____ E-mail Address: _____
Occupation: _____ Employer: _____
Work Phone: (____) _____ May we contact you at work? Yes No

Information on children and other household members

Full Name	(Name Called)	Sex (M/F)	Birthdate	School/College	Grade	Place of Birth
1.						
2.						
3.						
4.						

Religious and Sacramental History (1. Father 2. Mother 3. Begin with oldest child or other members of the household.)

(Please list location of these Sacraments)

First Name	Religion	Marital Status *	Married by a Catholic Priest (Yes or No)	Baptism (Yes or No) (Church & Location)	Confirmation (Yes or No) (Church & Location)	Eucharist (Yes or No) (Church & Location)
1.						
2.						
3.						
4.						
5.						
6.						

All information provided in this registration is strictly confidential

* Marital Status

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married in the Catholic Church | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married in a civil ceremony or by other minister | <input type="checkbox"/> Other: _____ |

Please list any special needs you or your family may have: _____

What have you done at a previous parish?