

# *Welcome to St. Andrew the Apostle!*

**PLEASE PRINT CLEARLY AND FILL OUT THIS FORM COMPLETELY!**

Family Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision: \_\_\_\_\_ Marital Status \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

Anyone in your home who is homebound? Name: \_\_\_\_\_

Would the homebound person like to receive the Eucharist at home? YES \_\_\_\_\_ NO \_\_\_\_\_

Please tell us if anyone in the house is fluent in a foreign language. Language: \_\_\_\_\_

Do you have any relatives at St. Andrew? If so, please tell us who and how they are related below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_

Transferring from: \_\_\_\_\_

(Parish Name – City and State)

**BELOW PLEASE CHECK ALL SACRAMENTS RECEIVED!**

ADULT FULL NAME	GOES-BY-NAME	D.O.B.	RELIGION	BAPT.	FIRST COMM.	CONF.	OCCUPATION
CHILDREN/OTHERS LIVING WITH YOU	GOES-BY-NAME	D.O.B.	RELIGION	BAPT.	FIRST COMM.	CONF.	SCHOOL OR OCCUPATION

**PLEASE RETURN THIS FORM TO THE OFFICE OR PUT IN AN ENVELOPE AND DROP IN WEEKEND COLLECTION BASKET TO THE ATTENTION OF RECEPTIONIST! THANK YOU**

You will receive a packet by mail with envelopes, schedules, phone numbers & information about our committees and organizations within the next couple weeks after we receive this card!