

Welcome to St. Andrew the Apostle

For assistance with this form, please call the office at (919) 362-0414.

Family Last Name: _____ Phone: (____) _____ - _____ Date: ____/____/____

Address: _____ City: _____ Zip: _____

Transferring from (Parish Name – City and State): _____

For offertory, I will be using: Online Donation (see <https://saintandrew.weshareonline.org>) _____ No Envelopes _____ Envelopes _____

Head of Household	Last Name _____ First Name _____ Middle _____
	Title (Mr./Mrs/etc.) _____ Goes by _____ Date of Birth _____
	Gender: Male _____ Female _____ Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
	Religion: _____ Baptized? _____ First Communion? _____ Confirmation? _____
	Occupation: _____ Employer: _____
	Preferred Contact Method (select one): Phone call _____ Text _____ Email _____
Email Address: _____ Cell: (____) _____ - _____	

Spouse/Other	Last Name _____ First Name _____ Middle _____
	Title (Mr./Mrs/etc.) _____ Goes by _____ Date of Birth _____
	Gender: Male _____ Female _____ Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
	Religion: _____ Baptized? _____ First Communion? _____ Confirmation? _____
	Occupation: _____ Employer: _____
	Preferred Contact Method (select one): Phone call _____ Text _____ Email _____
Email Address: _____ Cell: (____) _____ - _____	

Children	Full Name (include last name if different from family) List additional children on the back of this form.	Date of Birth mm/dd/yy	Gender (M/F)	Goes by	Baptism (Y/N)	First Communion (Y/N)	Confirmation (Y/N)

Please email a family photo (optional) to eupdates@saintandrew.org.

Do you have any relatives at St. Andrew? If so, please tell us who and their relationship to you.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(Please list additional relatives at St. Andrew on the back of the form)