

Registration Date      /      /     

### St Edward the Confessor Church

785 Newark Granville Rd  
Granville, OH 43023

#### Family Information

Last Name	_____	Envelope Number	_____
Family Email	_____	Mailing Name	_____
Home Phone	(      ) - _____	Emergency Phone	(      ) - _____

#### Address Information

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Publish Phone     Publish Address     Publish Email     check to add to Flocknote     Check to receive Contributions Envelopes

#### Member Information

First Name	_____	Status at Parish	_____
Role	_____	Nick Name	_____
Date of Birth	_____	Gender	M / F
Email	_____	MaidenName	_____
Ethnicity	_____	Birth Place	_____
First Language	_____	Work Phone	(      ) - _____
Special Needs	_____	Cell Phone	(      ) - _____
		High School Grad Year	_____

#### Sacrament Information

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

note: check box next to sacrament if date unknown

<input type="checkbox"/> Catholic	<input type="checkbox"/> Other	<input type="checkbox"/> Baptism	_____ / _____ / _____
	_____	Location	_____
<input type="checkbox"/> Reconciliation Prep	_____ / _____ / _____	<input type="checkbox"/> First Eucharist	_____ / _____ / _____
Location	_____	Location	_____
<input type="checkbox"/> Confirmation	_____ / _____ / _____	<input type="checkbox"/> Catholic Marriage	_____ / _____ / _____
Location	_____	Location	_____

#### Member Information

First Name	_____	Status at Parish	_____
Role	_____	Nick Name	_____
Date of Birth	_____	Gender	M / F
Email	_____	MaidenName	_____
Ethnicity	_____	Birth Place	_____
First Language	_____	Work Phone	(      ) - _____
Special Needs	_____	Cell Phone	(      ) - _____
		High School Grad Year	_____

#### Sacrament Information

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<input type="checkbox"/> Catholic	<input type="checkbox"/> Other	<input type="checkbox"/> Baptism	_____ / _____ / _____
	_____	Location	_____
<input type="checkbox"/> Reconciliation Prep	_____ / _____ / _____	<input type="checkbox"/> First Eucharist	_____ / _____ / _____
Location	_____	Location	_____
<input type="checkbox"/> Confirmation	_____ / _____ / _____	<input type="checkbox"/> Catholic Marriage	_____ / _____ / _____
Location	_____	Location	_____

**Member Information**

First Name \_\_\_\_\_  
Role \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_  
Ethnicity \_\_\_\_\_  
First Language \_\_\_\_\_  
Special Needs \_\_\_\_\_

Status at Parish

Nick Name \_\_\_\_\_  
Gender M / F  
Maiden Name \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Work Phone \_\_\_\_\_ ) -  
Cell Phone ( \_\_\_\_\_ ) -  
High School Grad Year \_\_\_\_\_

**Sacrament Information**

Catholic  
 Other \_\_\_\_\_  
 Reconciliation Prep  
Location \_\_\_\_\_  
 Confirmation  
Location \_\_\_\_\_

Baptism \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Location \_\_\_\_\_  
 First Eucharist \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Location \_\_\_\_\_  
 Catholic Marriage \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Location \_\_\_\_\_