

**Saint Joseph Cathedral
Family Registration**

212 East Broad Street, Columbus, Ohio 43215 (614) 224-1295 Email: cathedral@saintjosephcathedral.org

Date: ___/___/___

Updated Registration: _____

New Registration: _____

Family Information

Last Name(s): _____ First Name(s): _____

Formal Mailing Name (ie: Mr. and Mrs. John Doe, Dr. Jane Smith, etc.) _____

Address 1: _____ Address 2: _____

City: _____ State: OH Zip: _____ - _____

Home Phone: (_____) _____ - _____ Emergency Phone (_____) _____ - _____

Relationship: _____

Family Email: _____ Env # (Office Use): _____

PLEASE FILL OUT COMPLETELY

Individual Family Members: Must be filled out for each family member

| | | |
|--|--|--|
| First Name / Nickname (if appl.) | _____ | _____ |
| | Nickname | Nickname |
| Last Name: | _____ | _____ |
| Gender: | M ___ F ___ | M ___ F ___ |
| Maiden Name: | _____ | _____ |
| Date of Birth (mm/dd/yyyy): | _____ | _____ |
| Email: | _____ | _____ |
| Home Phone/Cell Phone: | Area Code () () H/W _____ C _____ | Area Code () () H/W _____ C _____ |
| First Language / Additional Languages: | _____ | _____ |
| Occupation: | _____ | _____ |

Sacramental Information: (Month/Year, City, State, Name of Church ARE REQUIRED or it could slow down the process of registration)

| | | | |
|---|---------------------------------|------------------|---------------------------------|
| Baptized: Y / N | Catholic: Y / N | Baptized: Y / N | Catholic: Y / N |
| BAPTISM INFO: _____ / _____ | DATE PARISH NAME - CITY & STATE | _____ / _____ | DATE PARISH NAME - CITY & STATE |
| Confirmed: Y / N | | Confirmed: Y / N | |
| CONFIRMATION INFO: _____ / _____ | DATE PARISH NAME - CITY & STATE | _____ / _____ | DATE PARISH NAME - CITY & STATE |
| Marital Status (Single, Married, Divorced, Annulled): _____ / _____ | DATE PARISH NAME - CITY & STATE | _____ / _____ | DATE PARISH NAME - CITY & STATE |

(See Back for Dependent Household Member Information. Use Additional Forms if Needed.)

Dependent Household Member Information

DEPENDENT 1

DEPENDENT 2

Relationship to Head of Household: _____

(Son, Daughter, Mother, Father, etc.):

(Son, Daughter, Mother, Father, etc.):

Name: _____

Date of Birth (mm/dd/yyyy) _____

School (Grade/Graduate?): _____

Languages Spoken: _____

Sacramental Information: (Month/Year, City, State, Name of Church **ARE REQUIRED** or it could slow down the process of registration)

BAPTISM INFO: Baptized: Y / N Catholic: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

1ST COMMUNION INFO: 1st Communion: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

CONFIRMATION INFO: Confirmed: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

Baptized: Y / N Catholic: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

1st Communion: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

Confirmed: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

DEPENDENT 3

DEPENDENT 4

Relationship to Head of Household: _____

(Son, Daughter, Mother, Father, etc.):

(Son, Daughter, Mother, Father, etc.):

Name: _____

Date of Birth (mm/dd/yyyy) _____

School (Grade/Graduate?): _____

Languages Spoken: _____

Sacramental Information: (Month/Year, City, State, Name of Church **ARE REQUIRED** or it could slow down the process of registration)

BAPTISM INFO: Baptized: Y / N Catholic: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

1ST COMMUNION INFO: 1st Communion: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

CONFIRMATION INFO: Confirmed: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

Baptized: Y / N Catholic: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

1st Communion: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

Confirmed: Y / N
_____/_____
DATE PARISH NAME – CITY & STATE

Please return completed form by mail, email- cathedral@saintjosephcathedral.org, or place in the collection basket.