

St. Augustine Parish

Registration Form

210 East Clinton St., Napoleon, OH 43545 Phone: 419-592-7656 Fax: 419-592-6316

Registration Date: _____ Contribution Envelope? y/n ___ Env. # _____

First Name(s): _____ Home Phone: _____

Last Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Permission to publish phone, address, email in Parish Directory

___ Publish Phone? ___ Publish Address? ___ Publish email?

School District: _____

Couple / Head of Household Information

Husband Name: _____

DOB: _____ Parish Status: _____ (Active, Inactive, Deceased)

Sacramental Information RCIA Candidate? y/n ___ Date _____

Baptism y/n ___ Catholic? ___ Church _____ Date _____

Address _____ Celebrant _____

Eucharist y/n ___ Church _____ Date _____

Address _____ Celebrant _____

Reconciliation y/n ___ Church _____ Date _____

Address _____

Confirmation y/n ___ Church _____ Date _____

Address _____ Confirmation Name _____

Celebrant _____

Marital Status _____ Married by Priest / Deacon / Other? _____

Date _____ Church _____

Address _____ First marriage for husband? y/n ___

Occupation: _____ Work Phone: _____

Wife Name: _____

DOB: _____ Parish Status: _____ (Active, Inactive, Deceased) Maiden Name _____

Sacramental Information RCIA Candidate? y/n ___ Date _____

Baptism y/n ___ Catholic? ___ Church _____ Date _____

Address _____ Celebrant _____

Eucharist y/n ___ Church _____ Date _____

Address _____ Celebrant _____

Reconciliation y/n ___ Church _____ Date _____

Address _____

Confirmation y/n ___ Church _____ Date _____

Address _____ Confirmation Name _____

Celebrant _____

Marital Status _____ Married by Priest / Deacon / Other? _____

Date _____ Church _____

Address _____ First marriage for wife? y/n ___

Occupation: _____ Work Phone: _____

Children Information

1) Name: _____

DOB _____ Sex ___ Graduation Year _____

Sacraments Received?

Baptism y/n ___ Catholic? ___ Church _____ Date _____

Address _____ Celebrant _____

Eucharist y/n ___ Church _____ Date _____

Address _____ Celebrant _____

Reconciliation y/n ___ Church _____ Date _____

Address _____

Confirmation y/n ___ Church _____ Date _____

Address _____ Confirmation Name _____

Celebrant _____

2) Name: _____

DOB _____ Sex ___ Graduation Year _____

Sacraments Received?

Baptism y/n ___ Catholic? ___ Church _____ Date _____

Address _____ Celebrant _____

Eucharist y/n ___ Church _____ Date _____

Address _____ Celebrant _____

Reconciliation y/n ___ Church _____ Date _____

Address _____

Confirmation y/n ___ Church _____ Date _____

Address _____ Confirmation Name _____

Celebrant _____

Please include information for additional children. Thank You!