

St. Augustine Catholic Church

Parish Registration

Personal Information:

Last Name: _____ First Name: _____ E-mail Address: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

D.O.B.: _____ (mm/dd/yyyy) Ethnicity: _____ Gender: Male __ Female __

Marital Status: Single __ Married __ Widowed __ Separated __ Divorced __

Spouses Name: _____

D.O.B.: _____ (mm/dd/yyyy) Ethnicity: _____ Gender: Male __ Female __

Address Preference: How would you like to be addressed): _____ (Mr., Mrs., Dr. and Mrs...etc,)

Occupation: _____ Employer: _____

Sacraments: Baptism __ his __ hers First Communion __ his __ her Confirmation __ his __ hers
Where: _____

__ Marriage Date: _____ (mm/dd/yyyy) By a Catholic Priest: Yes __ No __

Religion: Roman Catholic __ If not Catholic, what religion: _____

Student ?

____ I'm a student:

The Degree I am currently working toward is

Undergraduate __ Master __ PhD ____

Expected Graduation Year: _____ I'm Studying: _____ Non-UFL E-mail: _____

Parents' Name(s): _____ Permanent (Parents') Phone: _____

Permanent (Parents') Address: _____ City _____ State _____ Zip _____

Name of the Parish you attended in your hometown: _____

Children:

Child 1:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy)

Child 2:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy)

Child 3:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy)

Child 4:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy)

Child 5:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy))

Child 6:

Name: _____ Sex: Male__ Female__ DOB: _____ (mm/dd/yyyy)

Sacraments Received and Where: _____

Baptism__ Date: _____ (mm/dd/yyyy) First Communion__ Date: _____ (mm/dd/yyyy)

Confirmation__ Date: _____ (mm/dd/yyyy)

Comments:

Mailed to: St. Augustine Catholic Church
1728 E. Apache
Tulsa, OK 74110