

HOLY ANGELS CATHOLIC CHURCH

**428 Tiffin Avenue
Sandusky, OH 44870
419-625-3698
419-625-5183 (FAX)**

Date: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Unlisted: Yes No

Family E-mail Address (optional): _____

From Parish (Name, City, and State) _____

If Single:

First Name/Middle Initial: _____ Date of Birth: _____

Miss Ms. Mrs. Mr.
 Single Widowed Divorced Separated

Occupation: _____ Place of Employment: _____

Date and Place of Baptism: _____

If Married:

Husband's Name/Middle Initial: _____ Date of Birth: _____

Religion: _____

Occupation: _____ Place of Employment: _____

Business Telephone: _____

Date and Place of Baptism: _____

Church Committees in the past _____

Wife's Name/Middle Initial: _____ Date of Birth: _____

Maiden Name: _____

Religion: _____

Occupation: _____ Place of Employment: _____

Business Telephone: _____

Date and Place of Baptism: _____

Church Committees in the past _____

Date of Marriage: _____

Place of Marriage: _____

(Church, City, State)

Married by a Priest: Yes Name _____ No

Children (If 18 or younger)

1. Name: _____ Date of Birth: _____

Baptized: Date: _____ Place: _____

1st Communion: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____

2. Name: _____ Date of Birth: _____

Baptized: Date: _____ Place: _____

1st Communion: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____

3. Name: _____ Date of Birth: _____

Baptized: Date: _____ Place: _____

1st Communion: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____