

Today's date: \_\_\_\_\_

### Saint Andrew Parish Registration

3501 North Kings Highway, Suite 102 • Myrtle Beach, South Carolina 29577 • Phone 843-448-5930 • Fax 843-448-3947

Last Name: \_\_\_\_\_ Name to appear for mailings: \_\_\_\_\_

**I am / We are:**

Single     Engaged     Married     Separated     Divorced     Widowed

Local address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent resident     Season resident (months here)    From: \_\_\_\_\_ To: \_\_\_\_\_

Permanent address (if different from local): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parish moving from: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Preferred Mass Attendance:**

Sat (4:30p)     Sat (6:15p)     Sun (7:30a)     Sun (9:15a)     Sun (11a)     Sun (5p)     Sun (7p)

**HEAD OF HOUSEHOLD**

**SPOUSE**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Date of Birth /Sex: \_\_\_\_\_  M  F

Email: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

City/State of Baptism \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Married Catholic/By:  Y  N By:  Priest  Deacon  Other

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Grade/Degree: \_\_\_\_\_

Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Handicap: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Homebound     Disabled (nature of disability): \_\_\_\_\_

**CHILDREN LIVING AT HOME**

Full Name	Sex		Date of Birth	Religion
	M	F		

FOR OFFICE USE ONLY: LAST NAME: \_\_\_\_\_

ENV # \_\_\_\_\_

DATE REC'D \_\_\_\_\_

DATE POSTED \_\_\_\_\_





