

St. Augustine Parish

2486 West 14th St.
Cleveland, OH 44113
216-781-5530 FAX 216-781-1124
email: staugch@earthlink.net

Registration Form

Envelope Num. _____

Date Registered _____

FAMILY NAME _____

Address _____

City, State Zip: _____

Phone: _____ Work# _____

()TT ()Voice ()Both

Religion _____

CODE:

H=Hearing

HH= Hard of Hearing

D=Deaf

B=Blind



			Date of Birth	H,HH, D, B	Single/Widow Marr./Divo.	Date of Baptism	Date of 1st Communion	Date of Confirmation
Husband's Name	Last, First, Middle							
Wife's Name	Last, First, Middle							
Maiden Name								
	Age	Date of Birth	H,HH, D, B		Date of Baptism	Date of 1st Communion	Date of Confirmation	
Children's Names								

Are you registered in any other Parish? Yes _____ No _____ If Yes Where? _____

Please list any other persons living in your home. _____

If there is any other information you think your parish priest should have concerning your family, please mention on back of form.