

St. Barbara - Parish Registration Form

1505 Denison Avenue
Cleveland, Ohio 44109

Registration Date _____
Envelope Number: _____
phone: 216 661-1191

Pastor Approval _____
Database: _____

Family Name: _____ Wife Maiden Name: _____

☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Ms. Address: _____

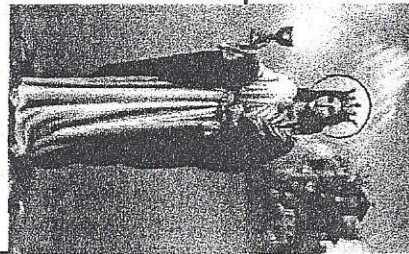
City _____ Apt. No. _____ Zip _____

Phone # (home) _____ Unlisted? ☐ Yes ☐ No (cell/work) _____

☐ Married Date Married: _____ Place of Marriage: _____ (Married by: ☐ Priest ☐ Minister ☐ JP)

☐ Single ☐ Widowed ☐ Separated ☐ Cohabitation ☐ Divorced Annulled? ☐ Yes ☐ No

Mass Attendance: ☐ Weekly ☐ Occasionally ☐ Easter/Christmas ☐ Does not attend ☐ Not Catholic



FAMILY MEMBER LISTING

Name	Male/ Female	Birth date (m/d/yr)	Occupation & Place of Employment or School & Grade	Religion	Baptism Y/N Date/Place	Communion Y/N Date/Place	Confirmation Y/N Date/Place
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HEAD OF HOUSEHOLD

SPOUSE

CHILD

CHILD

CHILD

CHILD

All Children in Home (Please include those away at school) All Adults (Over 21 and Out of School) Should Register Separately

