St. David Parish Record Update Form

Family Name: _____ Home Phone:_____

Address: _____ Apt #_____ PO Box # _____

City: _____ State: _____ Zip Code: _____

Male Contact/ Husband:

Name/Nickname:_____

Date of Birth:_____/_____/_____

Mobile Phone:_____ Email:_____

Occupation:_____ Religion:_____

Practicing?

Sacraments Received (please circle):

Baptism ☐ Communion ☐ Confirmation ☐ Marriage ☐

Female Contact/ Wife:

Name/Nickname:_____ Maiden name:_____

Date of Birth:_____/_____/_____

Mobile Phone:_____ Email:_____

Occupation:_____ Religion:_____

Practicing?

Sacraments Received (please circle):

Baptism ☐ Communion ☐ Confirmation ☐ Marriage ☐

Marital Status (please circle): Single Married Widowed Divorced Separated

Were you married in the Catholic Church? If not, did you get approval from the Catholic Church to get married?

If not, would you like to have your marriage convalidated ("blessed")?

Date of Marriage:_____ Place of Marriage:_____

City, State:_____ Person Officiating:_____

Other Individuals Living at this Address: (*adult children, in-laws, etc.*)

Name	DOB	Religion	Baptism	Communion	Confirmation	Practicing?	School or Occupation (*Please list school*)
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		

Pastoral Opportunities

We would like our house blessed by a priest or deacon

We would like to register in Queen of the Angels School, if there is availability, the Saint David Religious Education Program (PREP), or the Order of Christian Initiation of Adults (OCIA)

Queen of the Angels School: **Saint David PREP:** **OCIA:**

Questions/Comments: _____