



220 East Butler St. * Loudonville, Ohio 44842

Phone: 419.994.4396 * Fax: 419.994.5263

Family Name: _____ First Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Is this a seasonal address? Y/N If Yes, dates you are in our area: ___/___/___ to ___/___/___

Phone Number: (_____) _____

Family Email: _____

Individual Member Information

Full Legal Name: _____

Nickname: _____

Maiden Name: _____

Male/ Female Date of birth: ___/___/___

Personal Email: _____

Work Phone: _____

Cell Phone: _____

Occupation: _____

Employer _____

Sacramental Information

Baptized? Y/N Date: ___/___/___

Catholic? Y/N Other? _____

Name of Church: _____

City/State: _____

First Eucharist: Y/N Date: ___/___/___

Name of Church: _____

City/State: _____

Confirmed? Y/N Date: ___/___/___

Name of Church: _____

City/State: _____

Marital Status: Single Married
Separated Divorced Annulled

Wedding Date: ___/___/___

Valid Catholic Marriage? Y/N

Name of Church: _____

City/State: _____

Individual Member Information

Full Legal Name: _____

Nickname: _____

Maiden Name: _____

Male/ Female Date of birth: ___/___/___

Personal Email: _____

Work Phone: _____

Cell Phone: _____

Occupation: _____

Employer _____

Sacramental Information

Baptized? Y/N Date: ___/___/___

Catholic? Y/N Other? _____

Name of Church: _____

City/State: _____

First Eucharist: Y/N Date: ___/___/___

Name of Church: _____

City/State: _____

Confirmed? Y/N Date: ___/___/___

Name of Church: _____

City/State: _____

Marital Status: Single Married
Separated Divorced Annulled

Wedding Date: ___/___/___

Valid Catholic Marriage? Y/N

Name of Church: _____

City/State: _____

Dependent Child Information

Full Legal Name: _____ Nickname: _____

Male/ Female Date of birth: ___/___/___ Son Daughter

Sacramental Information

Baptized? Y/N Date: ___/___/___ Catholic? Y/N Other? _____

Name of Church: _____ City/State: _____

First Eucharist: Y/N Date: ___/___/___

Name of Church: _____ City/State: _____

Confirmed? Y/N Date: ___/___/___

Name of Church: _____ City/State: _____

Dependent Child Information

Full Legal Name: _____ Nickname: _____

Male/ Female Date of birth: ___/___/___ Son Daughter

Sacramental Information

Baptized? Y/N Date: ___/___/___ Catholic? Y/N Other? _____

Name of Church: _____ City/State: _____

First Eucharist: Y/N Date: ___/___/___

Name of Church: _____ City/State: _____

Confirmed? Y/N Date: ___/___/___

Name of Church: _____ City/State: _____

Dependent Child Information

Full Legal Name: _____ Nickname: _____

Male/ Female Date of birth: ___/___/___ Son Daughter

Sacramental Information

Baptized? Y/N Date: ___/___/___ Catholic? Y/N Other? _____

Name of Church: _____ City/State: _____

First Eucharist: Y/N Date: ___/___/___

Name of Church: _____ City/State: _____

Confirmed? Y/N Date: ___/___/___

Name of Church: _____ City/State: _____