

# ST. COLUMBA CHURCH

342 Iron Street  
Bloomsburg, PA 17815

## Office Use Only

Env: \_\_\_\_\_

Dio ID: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_ Email: \_\_\_\_\_

When sending mail, please address to (choose one): *Mr./Mrs.* *Mr.* *Mrs.* *Ms.* *Dr.* *Dr./Mrs.* *Mr./Dr.* *Drs.*

<u>Adult Member First Names</u> (Last name if different)	<u>Gender</u>	<u>Date &amp; City of Birth</u>	<u>Religion</u>	<u>Occupation</u>	<u>Baptism</u> Date Church Name/Location	<u>1<sup>st</sup> Communion</u> Date Church Name/Location	<u>Confirmation</u> Date Church Name/Location

Marital Status: *Single* *Engaged* *Married* *Separated* *Divorced* *Widowed*

If married: Spouses Maiden Name: \_\_\_\_\_

Were you married by a Catholic priest: Yes No Date of Marriage: \_\_\_\_\_ Church name/location: \_\_\_\_\_

Do you attend Mass? Yes No Would you like to receive envelopes? Yes No

<u>First Names of all children</u> <u>living in the household</u> (Last name if different)	<u>Gender</u>	<u>Date &amp; City of Birth</u>	<u>Religion</u>	<u>School</u>	<u>Baptism</u> Date Church Name/Location	<u>1<sup>st</sup> Communion</u> Date Church Name/Location	<u>Confirmation</u> Date Church Name/Location

I would like more information on the following ministries: Email: \_\_\_\_\_

Music Ministry  
Religious Education

Extraordinary Minister  
St. Columba School

Altar Serving  
Life Teen Ministry

Lector

Usher

Greeter