

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 & City of Birth</u>	<u>Religion</u>	<u>Occupation</u>	<u>Baptism</u> Date Church Name/Location	<u>1st 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 living in the household</u> (Last name if different)	<u>Gender</u>	<u>Date & City of Birth</u>	<u>Religion</u>	<u>School</u>	<u>Baptism</u> Date Church Name/Location	<u>1st 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

Usher

Extraordinary Minister

Greeter

Altar Serving

Religious Education

Lector

Youth Group