

**ST. COLUMBA CHURCH**  
Bloomsburg PA

Date: \_\_\_\_\_  
 Family Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
 Email: \_\_\_\_\_

Adult Member First Names (Last name if different)	Gender	Date of Birth	Religion	Baptism (Church Name/Date)	1 <sup>st</sup> Communion (Church Name/Date)	Confirmation (Church Name/Date)

Marital Status: Single      Engaged      Married      Separated      Divorced      Widowed  
 Spouses Maiden Name: \_\_\_\_\_  
 Were you married by a Catholic priest: Yes \_\_\_\_\_ No \_\_\_\_\_      Date of Marriage: \_\_\_\_\_ Church name \_\_\_\_\_  
 Do you attend Mass: Yes \_\_\_\_\_ No \_\_\_\_\_      Do you receive the Sacraments: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Occupations: \_\_\_\_\_  
 Please state your preference: Yes \_\_\_\_\_ I want envelopes      No \_\_\_\_\_ Not at this time

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

List school children are currently attending: \_\_\_\_\_

Directions to your home: (use other side if needed)