

**Saint Joseph Cathedral & Holy Cross
Registration Form**

212 East Broad Street, Columbus, Ohio 43215 (614) 224-1295 Email: cathedral@sjchcc.org

Date: ____/____/____
Please check parish

Updated Registration: ____
Holy Cross ____

New Registration: ____
Saint Joseph Cathedral ____

Basic Information (ONLY, not your Individual information)

Last Name(s): _____ First Name(s): _____

Formal Mailing Name (ie: Mr. and Mrs. John Doe, Dr. Jane Smith, etc.) _____

Address 1: _____ Address 2: _____

City: _____ State: OH Zip: _____ - _____

Home Phone: (_____) _____ - _____
Emergency Phone (_____) _____ - _____
Relationship: _____

Family Email: _____ Env # (Office Use): _____

PLEASE FILL OUT COMPLETELY

Individual in the Family: Must be filled out for **EVERY** family member, including the one listed above

First Name / Nickname (if appl.)	Nickname	Nickname
Last Name:		
Gender:	M ____ F ____	M ____ F ____
Maiden Name:		
Date of Birth (mm/dd/yyyy):		
Email:		
phone number		
First Language / Additional Languages:		
Occupation:		

Sacramental Information: (Month/Year, City, State, Name of Church ARE REQUIRED or it could slow down the process of registration)

<p style="text-align: center;">Baptized: Catholic:</p> <p>BAPTISM INFO: _____ / _____ DATE PARISH NAME – CITY & STATE</p> <p>Confirmed: Y / N</p> <p>CONFIRMATION INFO: _____ / _____ DATE PARISH NAME – CITY & STATE</p> <p>Marital Status (Single, Married, Divorced, Annulled): _____ / _____ DATE PARISH NAME – CITY & STATE</p>	<p style="text-align: center;">Baptized: Catholic:</p> <p>_____ / _____ DATE PARISH NAME – CITY & STATE</p> <p>Confirmed: Y / N</p> <p>_____ / _____ DATE PARISH NAME – CITY & STATE</p> <p>_____ / _____ DATE PARISH NAME – CITY & STATE</p>
--	---

(See Back for Dependent Household Member Information. Use Additional Forms if Needed.)

Dependent Household Member Information

DEPENDENT 1

DEPENDENT 2

Relationship to Head of Household: _____

(Son, Daughter, Mother, Father, etc.):

(Son, Daughter, Mother, Father, etc.):

Name: _____

Date of Birth (mm/dd/yyyy) _____

School (Grade/Graduate?): _____

Languages Spoken: _____

Sacramental Information: (Month/Year, City, State, Name of Church **ARE REQUIRED** or it could slow down the process of registration)

<p>BAPTISM INFO:</p> <p>Baptized: Y / N Catholic: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>Baptized: Y / N Catholic: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>
<p>1ST COMMUNION INFO:</p> <p>1st Communion: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>1st Communion: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>
<p>CONFIRMATION INFO:</p> <p>Confirmed: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>Confirmed: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>

DEPENDENT 3

DEPENDENT 4

Relationship to Head of Household: _____

(Son, Daughter, Mother, Father, etc.):

(Son, Daughter, Mother, Father, etc.):

Name: _____

Date of Birth (mm/dd/yyyy) _____

School (Grade/Graduate?): _____

Languages Spoken: _____

Sacramental Information: (Month/Year, City, State, Name of Church **ARE REQUIRED** or it could slow down the process of registration)

<p>BAPTISM INFO:</p> <p>Baptized: _____ Catholic: _____</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>Baptized: _____ Catholic: _____</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>
<p>1ST COMMUNION INFO:</p> <p>1st Communion: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>1st Communion: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>
<p>CONFIRMATION INFO:</p> <p>Confirmed: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>	<p>Confirmed: Y / N</p> <p>DATE _____ PARISH NAME – CITY & STATE _____</p>

Please return completed form by mail, email- cathedral@sjchcc.org, or place in the collection basket.