



SAINT AUGUSTINE CHURCH

& CATHOLIC STUDENT CENTER AT THE UNIVERSITY OF MIAMI

Welcome! -- Parish Registration Form

Family Last Name: _____

Today's Date: _____

Home Address: _____ City: _____ Zip: _____

Your Name: _____

Cell #: _____

Email: _____

Occupation: _____

Date of Birth: ___/___/___

Are you a University of Miami Alumni? Yes No

Religion: _____

Sacraments: *check all that you have received in the Catholic Church*

Baptism

First Communion

Confirmation

Holy Matrimony

Spouse Name: _____

Cell #: _____

Email: _____

Occupation: _____

Date of Birth: ___/___/___

Is your spouse a University of Miami Alumni? Yes No

Religion: _____

Sacraments: *check all that you have received in the Catholic Church*

Baptism

First Communion

Confirmation

Holy Matrimony

Martial Status: *please check one*

Married in the Catholic Church

Date: _____ Church: _____

Married but not in the Catholic Church

Date: _____ Location: _____

Divorced

Widowed

Single

Children#: _____

How many are currently live with you? _____

Names & Ages of Children: _____

Would you like to receive envelopes or be enrolled in online giving? Envelopes Online Giving

Which St Augustine Communion would you like to receive? Emails Texting