



St. James Catholic Parish

17400 Northwood Avenue, Lakewood, OH 44107
 Phone: (216) 712-6755 | Fax: (216) 712-6757 | stjameslakewood@ohiocoxmail.com
 www.stjameslakewood.com

REGISTRATION FORM

Please Print

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Zip Code: _____ E-Mail: _____

Marital Status Married Single
 Divorced Widowed Separated

Maiden Name (if applicable): _____

Occupation: _____

Sacraments:	Date:	Church/Place (include city, state):
Baptism		
Communion		
Confirmation		

Date of Marriage: _____

Married by: Priest Minister Other

Place: _____

City: _____ State: _____

Spouse: Catholic Faith if other than Catholic: _____

Name: _____ Date of Birth: _____

E-mail: _____ Cell Phone: _____

Maiden Name (if applicable): _____

Occupation: _____

Sacraments:	Date:	Church/Place (include city, state):
Baptism		
Communion		
Confirmation		

Comments: _____

All children living at home under the age of 18

(Include last name if different from parent)

Name: _____ Date of Birth: _____

Sacraments:	Date:	Church/Place (include city, state):
Baptism		
Communion		
Confirmation		

P.S.R. Yes No Present School: _____ Grade: _____

Name: _____ Date of Birth: _____

Sacraments:	Date:	Church/Place (include city, state):
Baptism		
Communion		
Confirmation		

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