JOIN OUR PARISH

St. Ambrose Cathedral

607 High Street | Des Moines, IA 50309 | 515-288-7411

Return form to our parish office or email to secretary@saintambrosecathedral.org

FAMILY INFORMATION

Family Last Name: _____ Primary Phone Number: _____

Home Address: _____ Apt _____City _____ Zip _____

Former Parish (if applicable): _____

Community (circle one if applicable): Karenni Zomi MCC Sudanese Eritrean Other

Language Spoken at Home (if not English): _____

ADULT 1 (head of household)

First Name: _____ Middle Name: _____ Last Name: _____ M / F

Date of Birth: _____ Cell Phone: _____ Email Address: _____

Baptized and Confirmed Catholic? Yes No If not, are you interested in becoming Catholic? Yes No Maybe

Marital Status (circle one): Single Married Separated Divorced

ADULT 2

First Name: _____ Middle Name: _____ Last Name: _____ M / F

Date of Birth: _____ Cell Phone: _____ Email Address: _____

Baptized and Confirmed Catholic? Yes No If not, are you interested in becoming Catholic? Yes No Maybe

Relationship to Adult 1:_____

CHILDREN IN THE HOME (use the back if needed)

1. First Name: _____ Middle Name: _____ Last Name (if different):_____ M / F

Date of Birth: _____ Baptized: Y / N Date and Place of Baptism if known: _____

2. First Name: _____ Middle Name: _____ Last Name (if different):_____ M / F

Date of Birth: _____ Baptized: Y / N Date and Place of Baptism if known: _____

3. First Name: _____ Middle Name: _____ Last Name (if different):_____ M / F

Date of Birth: _____ Baptized: Y / N Date and Place of Baptism if known: _____

4. First Name: _____ Middle Name: _____ Last Name (if different):_____ M / F

Date of Birth: _____ Baptized: Y / N Date and Place of Baptism if known: _____