

DIOCESE OF COLUMBUS
 PERMANENT RECORD FOR:

LAST NAME FIRST NAME MIDDLE NAME

Social Security No. _____ Grade: _____ Date: _____

Parish _____

CATHOLIC <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/>	SEX	BIRTH DATE			BIRTHPLACE	
	M <input type="checkbox"/> F <input type="checkbox"/>	MO.	DAY	YEAR	CITY	STATE

RESIDENCE				
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

FATHER/GUARDIAN

Cell phone: _____

Email: _____

MOTHER

Cell phone: _____

Email: _____

RACE: White, not Hispanic Black, not Hispanic Hispanic
 Asian Pacific Islander American Indian/Alaskan Native *(You are not required to answer this question.)*

FAMILY

FATHER OR GUARDIAN	BIRTHPLACE	RELIGION	EDUCATION	TYPE OF OCCUPATION
	PLACE OF OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE

MOTHER	BIRTHPLACE	RELIGION	EDUCATION	TYPE OF OCCUPATION
	PLACE OF OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE

HOME STATUS	STUDENT LIVES WITH:	NO. OF CHILDREN IN FAMILY: _____			
Check if any apply: <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother Other: _____	BOYS		GIRLS	
		Older	Younger	Older	Younger

If separated or divorced, a copy of custody papers has been provided to school.

SACRAMENTS

BAPTISM						
FIRST COMMUNION						
PENANCE						
CONFIRMATION						
	MO.	DAY	YEAR	CHURCH	CITY	STATE