

# St. Leonard Faith Community Registration

Today's date _____	Member since _____
Family name _____	Home phone _____
Address _____	Apt # _____
City/State/Zip _____	
E-mail _____	Fax _____
Name _____ (male/female)	Birthday _____
Occupation _____	Work telephone _____
Married ( ) Single ( ) Divorced ( ) Widowed ( )	Maiden name _____
Marriage anniversary date _____	
Spouse's name _____ (male/female)	Birthday _____
Occupation _____	Work telephone _____
Spouse's denomination _____	Maiden name _____

Children Living at Home	Date of Birth	Has completed			Attends	
		Bapt	First comm	Conf	CCD	Cath Sch.

Please place your completed registration form in the offering basket or send to the community office.

**St. Leonard Faith Community**  
 8100 Cloy Road  
 Centerville, OH 45458  
 937-8435-3626  
 Faithcomm4@sbcglobal.net