Christ Renews His Parish Registration

St. Jude the Apostle Catholic Church
5353 McFarland Road, Indianapolis, IN 46227
(317) 786-4371

Print this form and return to the Parish Center or Fax to (317) 780-7592.

First Name:_____

Last Name:_____

Street Address: _____

City: _____

State: Indiana Zip Code:_____

Home Phone Number: _____

email address: _____

Do you have any food allergies, dietary requirements, or health concerns that you wish us to be aware of?

No: _____ Yes: _____ (please indicate below)

Questions or Comments: _____

Emergency Contact Information:

Primary First and Last Name: _____

Relationship (spouse, child, etc.): _____

Home Phone Number: _____

Work Phone Number: _____

Secondary First and Last Name: _____

Relationship (spouse, child, etc.): _____

Home Phone Number: _____

Work Phone Number: _____