

PARISHIONERS' REGISTRATION FORM

ST. LOUIS ___ **ST. MARY'S** ___ **IMMACULATE CONCEPTION** ___

Please check one

FAMILY NAME (Last Name) _____ Mr. & Mrs. ___ Dr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___

ADDRESS _____
Street or Box City Zip

PHONE _____ MARITAL STATUS Married ___ Widowed ___ Divorced ___ Single ___

DATE OF MARRIAGE _____
mm/dd/yyyy

ADULT ONE: (Catholic)

NAME _____ BIRTHDATE _____
mm/dd/yyyy

HAVE YOU RECEIVED: Baptism yes ___ no ___ Eucharist yes ___ no ___ Confirmation yes ___ no ___

OCCUPATION _____ PLACE OF EMPLOYMENT _____ PHONE _____

ADULT TWO: (Spouse, Catholic or Non-Catholic)

NAME _____ BIRTHDATE _____ RELIGION _____
mm/dd/yyyy

HAVE YOU RECEIVED: Baptism yes ___ no ___ Eucharist yes ___ no ___ Confirmation yes ___ no ___

OCCUPATION _____ PLACE OF EMPLOYMENT _____ PHONE _____

CHILDREN: List all children living at home. (If last name is different, please indicate)

NAME	DOB	SCHOOL	GRADE	BAPTIZED	EUCHARIST	CONFIRMED