

St. Louis Parish Registration Form

Date: _____

Family Name: _____

Address: _____

City: _____ Zip + four: _____

Daytime Telephone: _____ Evening Telephone: _____

Email Address: _____

Marital Status: _____ Married; _____ Divorced; _____ Widow(er); _____ Single.

If Married: Date, Place and Church where marriage recorded _____

Married by: _____ Catholic Priest; _____ Deacon; _____ Minister; _____ Justice of Peace; _____ Other.

Are there any concerns or information of which the Pastor should be aware? _____ YES; _____ NO.

If YES, briefly state: _____

Are there any specific ways in which we can be of service or assistance to you? _____ YES; _____ NO.

If YES, briefly state: _____

Head of Household. Name, Occupation and place of Employment: _____

Spouse. Name, Occupation and place of Employment (please include Maiden name): _____

Please list the names, birthdates (mm/dd/yyyy) and appropriate religious information for all members of your family.

Name	Date of Birth	Religion	Baptized	1st Communion	Confirmed
			Yes - No	Yes - No	Yes - No