

Date: _____

St. Faustina Catholic Church

Archdiocese of Galveston Houston
P.O. Box 1099
Fulshear, TX 77441

www.saintfaustinachurch.org

OFFICE USE ONLY

Parish ID#: _____
Date: _____
Master Excel: _____
Envelope #: _____
Welcome Letter: _____
Budget: _____
Bulletin: _____

PARISHIONER REGISTRATION FORM

Last Name:	Home Phone #	()	Sub-Division			
Street Address	City		Zip			
Head Name	Cell #		Work #			
Family Email						
Spouse Name	Cell #		Work #			
Spouse Email						
<i>To whom may we send MAIL (circle one)</i>						
Head & Spouse Only		Head Only		Spouse Only		<i>E-MAIL (circle one)</i>
						Family
						Spouse
<i>Marital Status (circle one):</i> Catholic Civil Marriage Date _____ Single Divorced Separated Widowed						
Family Members	Head	Spouse	Adult / Child	Adult / Child	Adult / Child	Adult / Child
Title (Mr., Mrs., Miss, Dr.)						
First Name						
Last Name						
Gender – M/F						
Birth Date						
Religion						
Ethnicity						
Languages						
Occupation						
Business Name			List Current Grade Below	List Current Grade Below	List Current Grade Below	List Current Grade Below
Grade in School						
Child's School (if applicable)			Public Private Catholic	Public Private Catholic	Public Private Catholic	Public Private Catholi
Baptism	yes no	yes no	yes no	yes no	yes no	yes no
1 st Reconciliation	yes no	yes no	yes no	yes no	yes no	yes no
1 st Communion	yes no	yes no	yes no	yes no	yes no	yes no
Confirmation	yes no	yes no	yes no	yes no	yes no	yes no

PLEASE SEE REVERSE SIDE

