



ST. STANISLAUS CATHOLIC CHURCH

Parish Registration Form

TODAY'S DATE ___/___/___

LAST NAME: _____ TITLE: (CIRCLE) MR & MRS / MR / MRS / MS / MISS

FIRST _____ MI _____ SPOUSE _____ MI _____

MARITAL STATUS: _____ IF MARRIED, ARE YOU MARRIED IN THE CATHOLIC CHURCH? YES / NO

MAILING ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE () _____ UNLISTED? ___(Y) ___(N)

CELL PHONE () _____ UNL?Y / N HIS WORK PHONE () _____ UNL? Y / N

E-MAIL: _____ Alt. E-MAIL: _____

HEAD OF HOUSEHOLD: NAME: _____

_____/_____/_____
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

SPOUSE: _____

_____/_____/_____
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

1ST CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

_____/_____/_____
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

2ND CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

_____/_____/_____
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

3RD CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

_____/_____/_____
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK/CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

Please complete back page. Thank you.

Full Name of Others in Household	Date of Birth	Religion	Married		Baptized		1 st Communion		Confirmation	
			Yes	No	Yes	No	Yes	No	Yes	No

Would you like to receive Church envelopes? Yes _____ No _____

Have you attended and ACTS retreat? Yes _____ No _____ If so, Where? _____

Which weekend Mass does your family typically attend? Please mark with a (✓)

_____ Saturday 5:00PM
 _____ Sunday 8:30AM

_____ Sunday 10:30PM (Spanish)
 _____ Sunday 11:30AM

Please indicate with a (✓) which Ministries you or members of your household would be interested in giving of your *Time or Talent*.

- _____ Eucharistic Adoration
- _____ Altar Society
- _____ Altar Server
- _____ Extraordinary Ministers of Holy Communion
- _____ Faith Formation (Teacher/Sub)
- _____ Greeter
- _____ Guadalupanos Society
- _____ His Holy Face Rosary Makers

- _____ Homebound Ministries
- _____ Knights of Columbus
- _____ Lector/Commentator
- _____ Music Ministry
- _____ Prayer Blankets
- _____ RCIA (Rite of Christian Initiation of Aadults)
- _____ St. Vincent De Paul Society
- _____ Youth Ministry

Please return the completed form to the parish office.

St. Stanislaus Catholic Church
 P. O. Box 757
 Bandera, TX 78003
 830-460-4712
 ststanis@sbcglobal.net