



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
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			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 yes, Where? _____

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

_____ Saturday 5:00PM

_____ Sunday 8:30AM

_____ Sunday 10:30PM (Bilingual)

_____ Sunday 11:45AM

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 Adults)

_____ 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