



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 8:00AM

_____ Sunday 11:00AM (Bilingual)
 _____ Sunday 4:00PM

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

_____ Homebound Ministries
 _____ Knights of Columbus
 _____ Lector/Commentator
 _____ Music Ministry
 _____ Prayer Blankets
 _____ RCIA (Rite of Christian Initiation of Adults)

_____ Guadalupano Society
 _____ His Holy Face Rosary Makers

_____ 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