



# 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.

LAST REVISED: June 14, 2019; MYF

Full Name of Others in Household	Date of Birth	Religion	Married	Baptized	1 <sup>st</sup> 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