# ST. VICTOR CHAPEL

**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: July 8, 2019; MYF**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name of Others in Household | Date of Birth | Religion | Married | Baptized | 1st 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 7:00PM

\_\_\_\_\_Sunday 9:30AM

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

Homebound Ministries

Knights of Columbus

Lector/Commentator

Music Ministry

Prayer Blankets

**RCIA (R**ite of **C**hristian **I**nitiation of **A**dults)

Guadalupanos 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/St. Victor Chapel

P. O. Box 757 Bandera, TX 78003

830-460-4712

[ststanis@sbcglobal.net](mailto:ststanis@sbcglobal.net)