



# Parish Registration Form

**PLEASE PRINT**

**Would you like to receive Offertory envelopes**     yes     no

**General Information**

**1.Address:** \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2.Home Phone Number:** \_\_\_\_\_

**3.Head of Household**    Gender:  male     female    Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**4.Spouse Information**    Gender:  male     female    Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Married in Church?     yes     no

**5.Child(ren) Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender:  male     female    Date of Birth: \_\_\_\_\_ Sacraments Received     Baptism     First Eucharist     Confirmation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender:  male     female    Date of Birth: \_\_\_\_\_ Sacraments Received     Baptism     First Eucharist     Confirmation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender:  male     female    Date of Birth: \_\_\_\_\_ Sacraments Received     Baptism     First Eucharist     Confirmation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender:  male     female    Date of Birth: \_\_\_\_\_ Sacraments Received     Baptism     First Eucharist     Confirmation

Previous Parish: \_\_\_\_\_ City & State \_\_\_\_\_ Have you notified your previous parish of your move?     yes     no

Completed forms can be placed in the collection basket at Mass, mailed to St. Mary Catholic Church, 1612 E. Walker St., League City, TX 77573 or dropped off at the parish office. Thank you and welcome to the parish!

**Envelope #:** \_\_\_\_\_

**Date Registered:** \_\_\_\_\_

**For Office Use Only:**

**Last Name:** \_\_\_\_\_

Please check any organizations or ministries that you would like to participate in or join and we will pass your contact information along to the contact person.

<input type="checkbox"/> Adult Bible Study	<input type="checkbox"/> Adult Faith Formation	<input type="checkbox"/> Altar Ladies	<input type="checkbox"/> Altar Servers
<input type="checkbox"/> Bazaar Committee	<input type="checkbox"/> Bereavement Committee	<input type="checkbox"/> Children's Church	<input type="checkbox"/> C.C.E. (Religious Education)
<input type="checkbox"/> Eucharistic Ministers	<input type="checkbox"/> Food Pantry Volunteer	<input type="checkbox"/> Gabriel Project	<input type="checkbox"/> Hispanic Ministry
<input type="checkbox"/> Hospital/Shut-In Ministry	<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> K of C Ladies Auxiliary	<input type="checkbox"/> Lectors
<input type="checkbox"/> R.C.I.A.	<input type="checkbox"/> Music/Choir	<input type="checkbox"/> Nurse Ministry	<input type="checkbox"/> Nursing Home Visitor
<input type="checkbox"/> Sponsor Couples	<input type="checkbox"/> R.C.I.C.	<input type="checkbox"/> Respect Life	<input type="checkbox"/> Silent Prayer Chain
	<input type="checkbox"/> Ushers	<input type="checkbox"/> Vocations Committee	

Other:

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# Welcome to St. Mary's

