SAINT LOUIS de FRANCE PARISH REGISTRATION Confidential Family Record

today's date:			Do you wish to rece	ive budget envel						
-			-	_	- <u> </u>	(for office us	se only)			
Family Name			email address							
Address			telephone							
			FAMILY	Y INFORMA	TION _					
Head of Household:	:									
Name:			Date of Birth		Occupation:	Marital Status				
If married, date of n	narriage:		Loca	tion		(maiden name)				
We would li	ke to have Fa	ther contact us abo	out having our marriage b	plessed by the Cati	holic Church.					
Religion: Sacraments received (<u></u>							
Sacraments received ((circle):	Baptism	Communion	Confirmation						
Adult #2 (if applied	cable)									
Name:			Date of Birth		Occupation:	Marital Status				
If married, date of m	narriage:		Loca	tion		(maiden name)				
Religion:Sacraments received (
Sacraments received ((circle):	Baptism	Communion	Confirmation						
Children Living at H	Home									
Name:			Date of Birth	Gender	•					
Religion:										
Baptized?	Year:				City/State:					
First Communion?	Year				City State:					
Confirmation?	Year	Wha	t Church:		City/State:					
C1:11 I :4 I	T									
Children Living at H			Data of Dinth	C a. 1						
Name:			Date of Birth	Gender	<u></u>					
Religion:Baptized?	Year:	W/ha	t Church:		City/State:					
First Communion?	Year		t Church:		City State:					
Confirmation?	Year		t Church:		City/State:					

(over)

Children Living at I	Home								
Name:		Date	of Birth	Gende	r				
Religion:									
Baptized?	Year:	What Church	·		Cit	ty/State:			
First Communion?	Year	What Church				ty State:			
Confirmation?	Year	What Church	• •		Cit	ty/State:			
C1:11 I:: 4I	Ť								
Children Living at I		D 4	CD: 41	C 1					
		Date	of Birth	Gende	r				
Religion:	V	W/l4 Cll-			C:4	ty/State:			
Baptized?	Year:	What Church							
First Communion?	Year	What Church		<u>City State:</u> City/State:					
Confirmation?	Year	What Church	:		Cit	ty/State:			
ANY OTHER PERS	SON LIVING	G IN YOUR HOME?							
Name:		Date	of Birth						
Religion:									
Sacraments received	(circle):	Baptism Com	munion	Confirmation					
If you or someone in	your home is	homebound, would you like	e communion bro	ought to you/them	ı? yes	no			
If you answered "yes'	" to homebou	nd and want Communion, w	hat is the name a	and relationship to	o you:				_
	the areas belo	its from God, please share the ow that may be of interest to activity.		nember, or about	which you w	vould like additi	onal information.	Checking any are	a does
Religious Educatio	n R	eligious Ed. Teacher or Teac	chers Aide	Becoming Catl	holic / RCIA	Yo	outh Group	Bible Study Cla	iss
Women's Ministry	S	t. Vincent de Paul	Outreach Min please circle		Parish offic rpenter, gar		Maintenance, handyman, el	ee Help ectrician, computer	; o ther)
Pastoral Council	F	inance Committee	Adult Altar Se	erver for Funerals	3	Hospitality	7		
Eucharistic Ministe <i>Mass preference</i>		ector Greeter aturday 4:00pm	Musician/Cho Sunday 7:30a		Maintenance 11:00am	Al	tar Server (youth))	
Please indicate person	n interested a	nd best time to be reached							