

Family Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**St. Helen Catholic Church**  
 Archdiocese of Galveston-Houston  
 2209 Old Alvin Road, Pearland, TX 77581  
 (281) 485-2421 Fax: (281) 485-6789  
 www.sthelenchurch.org

**FOR OFFICE USE ONLY**  
 Church I.D. : \_\_\_\_\_  
 Envelope #: \_\_\_\_\_

**PARISHIONER REGISTRATION FORM**

FORMER PARISH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

This form is for parish use only. Your cooperation will help your parish to serve you. Please **PRINT** all answers clearly.

Family E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (His)Work or Cell Phone: \* \_\_\_\_\_ (Her)Work or Cell Phone: \* \_\_\_\_\_  
 \*Note if Work (W) or Cell (C)

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY) (FIRST NAME)	DATE OF BIRTH	MARITAL STATUS	RELIGION	SACRAMENTS RECEIVED								OCCUPATION				
				BAPTIZED		FIRST COMMUNION		CONFIRMED		MARRIED BY CATHOLIC PRIEST						
				YES	NO	YES	NO	YES	NO	YES	NO					
1.NAME	/ /															
2.NAME:	/ /															
DEPENDENT CHILDREN LIVING WITH YOU	DATE OF BIRTH	SEX		RELIGION	BAPTIZED		FIRST COMMUNION		CONFIRMED		EDUCATION					
		M	F		YES	NO	YES	NO	YES	NO	TYPE OF SCHOOL		GRADE IN SCHOOL	RELIGION CLASSES		
											CATHOLIC	OTHER		YES	NO	
3.NAME	/ /															
4.NAME	/ /															
5.NAME	/ /															
6.NAME	/ /															
7.NAME	/ /															
8.NAME	/ /															
OTHERS LIVING WITH YOU / HOW RELATED: 9.NAME	/ /															
10.NAME	/ /															