

Family Last Name: _____

PACKET

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

FOR OFFICE USE ONLY
 Church I.D. : _____
 Envelope #: _____

www.sthelenchurch.org

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)* **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	/ /															