

Family Last Name: _____

St. Helen Catholic Church

FOR OFFICE USE ONLY

Today's Date: _____

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

Church ID : _____
 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.

Address: _____ City/State: _____ Zip : _____

Home Phone: _____ Work Phone: _____ Spouse Work Phone: _____

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY) (FIRST NAME)	DATE OF BIRTH	MARITAL STATUS		RELIGION	SACRAMENTS RECEIVED								OCCUPATION		
					BAPTIZED		1st COMMUNION		CONFIRMED		CATHOLIC MARRIAGE				
					YES	NO	YES	NO	YES	NO	YES	NO			
1. NAME	/ /														
2. NAME	/ /														
DEPENDENT CHILDREN	DATE OF BIRTH	SEX		RELIGION	SACRAMENTS RECEIVED						EDUCATION				
		M	F		BAPTIZED		1st COMMUNION		CONFIRMED		TYPE OF SCHOOL		CURRENT GPA	RELIGION CLASSES	
					YES	NO	YES	NO	YES	NO	CATHOLIC	OTHER		YES	NO
3. NAME	/ /														
4. NAME	/ /														
5. NAME	/ /														
6. NAME	/ /														
7. NAME	/ /														
8. NAME	/ /														
9. NAME	/ /														
10. NAME	/ /														