

St. Helen Catholic Church

Archdiocese of Galveston-Houston

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(281) 485-2421 Fax: (281) 485-6789

www.sthelenchurch.org

NEW PARISHIONER REGISTRATION FORM

(Please **PRINT**)

TODAY'S DATE: _____

FOR OFFICE USE ONLY

CHURCH ID: _____

ENVELOPE #: _____

PACKET

FAMILY LAST NAME: _____ FAMILY E-MAIL: _____

HOME ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ CELL (HIS): (____) _____ CELL (HERS): (____) _____

FORMER PARISH: _____ FORMER PARISH CITY/STATE: _____

				SACRAMENTS RECEIVED											
HEAD OF HOUSEHOLD AND SPOUSE (IF ANY) FIRST NAME	DATE OF BIRTH	MARITAL STATUS		RELIGION	BAPTIZED		FIRST COMMUNION		CONFIRMED		MARRIED BY CATHOLIC PRIEST		OCCUPATION		
					YES	NO	YES	NO	YES	NO	YES	NO			
NAME (Mr. Mrs. Ms.)															
NAME (Mr. Mrs. Ms.)															
DEPENDENT CHILDREN LIVING WITH YOU	DATE OF BIRTH	SEX		RELIGION	BAPTIZED		FIRST COMMUNION		CONFIRMED		EDUCATION		RELIGION CLASSES		
		M	F		YES	NO	YES	NO	YES	NO	CATHOLIC	OTHER	GRADE IN SCHOOL	YES	NO
NAME	/ /														
NAME	/ /														
NAME	/ /														
NAME	/ /														
NAME	/ /														
OTHER LIVING WITH YOU/HOW RELATED:															
NAME	/ /														
NAME	/ /														