

For Office Use Only	
I.D. Number	_____
Member	_____
Registration Date	_____
N.O.G	_____

Parishioner Membership Form

Please fill out the form below and return it to the church office. Please call if you need assistance.

FAMILY LAST NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP _____
 HOME PHONE _____ - _____ - _____

Are you currently Registered at another parish in the Austin Diocese?
-Yes -No
 If yes, which one?

Head of Household #1
 Name _____
 Birth Date ___/___/_____ Male ___ Female ___
 Religion _____ Maiden Name _____
 Marital Status ___ Single ___ Married ___ Div./Sep ___ Widowed
 Married By: _____ Catholic Church _____ Other
 Wedding Date ___/___/_____ (Sacramental date)
 Occupation _____ Employer _____
 Work Phone ___/___/_____ Cell Phone ___/___/_____

Email Address _____

Head of Household #2
 Name _____
 Birth Date ___/___/_____ Male ___ Female ___
 Religion _____ Maiden Name _____
 Marital Status ___ Single ___ Married ___ Div./Sep ___ Widowed
 Married By: _____ Catholic Church _____ Other
 Wedding Date ___/___/_____ (Sacramental date)
 Occupation _____ Employer _____
 Work Phone ___/___/_____ Cell Phone ___/___/_____

Email Address _____

Homebound / Disabled in the home? List Name (s) _____
Other adults in home should fill out separate card. _____

Names of Children	M/F	Birth Date	School Grade	Baptism	Reconciliation	First Communion	Confirmation

Please indicate which option you choose for your contribution to the Church.

Offertory Envelopes *(select one below)*
 Weekly Offering - 52-Sunday Envelopes
 monthly offering - 1-Sunday Envelope
 Electronic Giving

After registration, check www.sjvroundrock.org & ChurchDB to update your information.