

Parishioner Membership Form

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

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

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: ___ Married ___ Single ___ 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: ___ Married ___ Single ___ 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.

Weekly Offertory Envelopes
 _____ Weekly Offering (52 Sunday Envelopes)
 _____ Monthly Offering (1 Sunday Envelope)

Electronic Giving