

**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