## St. Louis Catholic Church 610 Madrid St. • Castroville, Texas 78009 Ph: 830/931-2826 Fax: 830/931-9016

## NEW PARISHIONER REGISTRATION FORM

Family Last Name	e				
His (first):			Hers (first):		
Address:					
City:					
Home Phone:	Cell Phone:				
His Type of Employ	yment:				
Her Type of Emplo	yment:				
His WK. Phone:					
His Birthdate:		Her l	Birthdate:		
His Religion		Her I	Religion_		
Marital Status:	arital Status:Date of Marriage				
Civil Marriage:	Yes	No			
Church of Marriage	e:				
Name of Child	Birth date	Baptis	m 1	st Communion	Confirmation

<sup>\*\*\*</sup>For children's sacraments, please indicate whether they have received them with a "Y" for yes and "N" for no. Note: For Baptism, records indicate Church, Date and City of Baptism.

## I am interested in knowing more about the following Ministries:

Visit the sick/shut-ins	Eucharistic Minister
RCIA/Convert Instruction	Sacristan
Quinceañera Instructions	Youth Ministry
Bible Study	Couples Retreat
ACTS Adult/Youth	Life Chain/Pro-Life
Liturgy Committee	Nursing Home Ministry
Usher/Greeter	Teacher of religious Ed.
Altar Server	St. Ann's Society
Adult Choir/Cantor	Guadalupana Society
Free Spirits/Youth Choir	St. Louis Men's Society
Instrumentalist	Organist/Pianist
24 Hour Adoration	Rectory Office Volunteer
St. Vincent de Paul Society	Pregnancy Center
Bereavement Committee	New Parishioner Welcoming
Maintenance Volunteer	Committee
Christmas Church Decorating	
Is there anyway St. Louis Parish can	serve you?
Date mailed:	_Date received