ST. PHILIP THE APOSTLE COMMUNITY
PARISHIONER REGISTRATION

304 W. Church St., El Campo, Tx. 77437 • 979-543-3770 • 979-578-8831 fax

This information will be held in the strictest confidence. For Pastoral use ONLY.

Please fill in as much information as possible and return the form as early as possible.

~ PLEASE PRINT CLEARLY ~

Today's Date: _____

(please check one)

- ❑ New Parishioner
- ❑ Parishioner Update

For Parish Office use only

Family of _____

Parish No: _____

Diocese No: _____

FAMILY NAME _____ ADDRESS _____ CITY, STATE, ZIP _____

HOME # CELL # EMAIL:

HEAD OF HOUSEHOLD and SPOUSE (IF ANY)	D.O.B. MM / DD / YYYY	MARITAL STATUS	RELIGION	SACRAMENTS RECEIVED							OCCUPATION
				BAPTISM *YEAR AND RELIGION BAPTIZED*	FIRST COMMUNION		CONFIRMATION		MARRIED BY PRIEST?		
					YES	*NO*	*YES*	*NO*	*YES*	*NO*	
NAME											
NAME											

DEPENDENT CHILDREN *PLEASE LIST FIRST AND LAST NAME IF DIFFERENT FROM FAMILY NAME*	D.O.B. MM / DD / YYYY	SEX:		RELIGION	BAPTISM *YEAR AND RELIGION BAPTIZED*	FIRST COMMUNION		CONFIRMATION		EDUCATION				
										TYPE OF SCHOOL		CURRENT GRADE	RELIGION CLASSES?	
		M	F			*YES*	*NO*	*YES*	*NO*	CATHOLIC	OTHER		YES	NO
1.														
2.														
3.														
4.														
5.														