Today's Date: _____

St. Laurence Catholic Church

Last Name: _____

Archdiocese of Galveston-Houston
3100 Sweetwater Blvd., Sugar Land, TX 77479
281-980-9812 - www.stlaurence.org

New Parishioner Registration Form

This form is for parish use only. Your cooperation will help your parish to serve you. Please PRINT all answers clearly.

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Emergency Work Phone: _____

Email Address: _____ Primary Language: _____ Secondary Language: _____

ETHNICITY: White: _____ Black: _____ Hispanic: _____ Asian/Pacific Islander: _____ American Indian/Alaskan: _____

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY)	DATE OF BIRTH	SINGLE MARRIED DIVORCED	RELIGION	SACRAMENTS RECEIVED							OCCUPATION
				RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		MARRIED BY PRIEST		
					YES	NO	YES	NO	YES	NO	
MR.:	/ /										
MRS.: MS.: MISS:	/ /										

DEPENDENT CHILDREN	DATE OF BIRTH	SEX		RELIGION	RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		EDUCATION				
										TYPE OF SCHOOL		CURRENT GRADE	RELIGION CLASSES	
		M	F			YES	NO	YES	NO	CATHOLIC	OTHER		YES	NO
3. NAME:	/ /													
4. NAME:	/ /													
5. NAME:	/ /													
6. NAME:	/ /													
7. NAME:	/ /													
8. NAME:	/ /													