

New Parishioner Registration Form



St. Martin de Tours Catholic Church Office Use:

ENV#: _____ Area#: _____ RO/CO _____ CCD _____

Please type or print clearly. Thank you.

Family Name: _____

Last

First

Spouse

Title: ___ Mr. ___ Mrs. ___ Miss ___ Dr. Other: _____ Race: _____

Street Address: _____ Mailing (if different): _____

City/State/Zip: _____ Home Phone: _____

Cell: _____ Email: _____

Marital Status: Church Marriage _____ Civil Marriage _____ Single _____ Divorced _____ Separated _____ Widowed _____

Church Attendance: Frequent _____ Regular _____ Occasional _____ Seldom _____

Please provide the following information as appropriate to your family:

Occupation: Yours: _____ Spouse: _____

Your birth date: _____ Spouses birth date: _____ Wedding Anniversary date: _____

Please provide the following information on all family members including spouse and children:

Name	Age	Birthdate	Religion	Baptised (yes/no)	1st Communion (yes/no)	Confimed (yes/no)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If more than four children, please note additional names on reverse.

Please list any others living at home with you and how they are related. _____
Name Relation

If you have an interest in volunteering, please check off in this section and indicate the area of interest (lector, usher, minister, altar server, other)

___ Yes, please contact me about areas of service with the church. (Check off all that apply.) ___ Myself ___ Spouse ___ Children

Please complete this form and either mail or deliver it to St. Martin de Tours Church offices.

Mail to: P.O. Drawer 10, Saint. Martiville, Louisiana 70582-6021. Deliver to 133 South Main Street, St. Martinville, LA (use Evangeline Blvd. Entry)