## St. Peter Catholic Church, Reserve, LA Census/New Parishioner Registration Form

Please complete the form below for all individuals in your household. Return this form to: St. Peter Catholic Church • 1550 Highway 44 • Reserve, LA 70084

Head of Household		Children Living At Home	
FIRST NAME		NAME	
MIDDLE/MAIDEN NAME		GENDER	DATE OF BIRTH
LAST NAME		RELIGION	SCHOOL
MARITAL STATUS ☐ Single ☐ Married ☐ Widowed ☐ Divorced		SACRAMENTS RECEIVED	
STREET ADDRESS		_ □ Baptism Church	City/State
CITY		_ □ Reconciliation □ Holy Communion	☐ Confirmation
STATE	ZIP	-	
RELIGION	DATE OF BIRTH	_ NAME	
HOME PHONE		GENDER	DATE OF BIRTH
MOBILE PHONE		RELIGION	SCHOOL
EMAIL		_ SACRAMENTS RECEIVED	
DO YOU WISH TO RECEIVE CHURCH ENVELOPES? ☐ Yes ☐ No		☐ Baptism Church	City/State
		☐ Reconciliation ☐ Holy Communion	☐ Confirmation
Spouse			
FIRST NAME		NAME	
MIDDLE NAME		GENDER	DATE OF BIRTH
LAST NAME		RELIGION	SCHOOL
RELIGION	DATE OF BIRTH	_ SACRAMENTS RECEIVED	
HOME PHONE		_ □ Baptism Church	City/State
MOBILE PHONE		_ □ Reconciliation □ Holy Communion	□ Confirmation
EMAIL		-	
		NAME	
Other Adult		GENDER	DATE OF BIRTH
FIRST NAME		RELIGION	SCHOOL
MIDDLE/MAIDEN NAME		_ SACRAMENTS RECEIVED	
LAST NAME		☐ Baptism Church(	City/State
RELIGION	DATE OF BIRTH	☐ Reconciliation ☐ Holy Communion	☐ Confirmation
HOME PHONE		_	
MOBILE PHONE		-	