

St. Stanislaus Catholic Church

1511 Hwy 90 ~ P.O. Box 210

Anderson TX 77830

Phone 936-873-2291 fax 936-873-3304 E-mail: ststan@embarqmail.com

For Office Use Only

ID # _____

Registration Date _____

Envelope # _____

Parishioner Membership Form

Please fill out the form below and return it to the church office.

Are you currently registered at another parish
in the Galveston-Houston Diocese?

Yes _____ No _____

If yes, which one? _____

Family Last Name: _____

Street Address: _____

City, State, Zip _____

Home Phone: _____ - _____ - _____ Cell _____ - _____ - _____

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Head of Household #1

Name: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Religion \_\_\_\_\_ Maiden Name \_\_\_\_\_

Marital Status \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Div/Sep \_\_\_\_ Widowed \_\_\_\_

Wedding Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married At: \_\_\_\_\_ Catholic Church, or other \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ At: \_\_\_\_\_

Confirmation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ At: \_\_\_\_\_

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Head of Household #2

Name: _____

Birth Date ____/____/____ Male ____ Female ____

Religion _____ Maiden Name _____

Marital Status ____ Single ____ Married ____ Div/Sep ____ Widowed ____

Wedding Date: ____/____/____ Married At: _____ Catholic Church, or other _____

Baptism Date: ____/____/____ At: _____

Confirmation Date ____/____/____ At: _____

Over

Names of Children

Name: _____ Male : _____ Female: _____

Birth Date: __/__/__

Baptism Date: __/__/__ at: _____

1st Communion Date: __/__/__ at: _____

Confirmation Date: __/__/__ at: _____

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Name: \_\_\_\_\_ Male : \_\_\_\_\_ Female: \_\_\_\_\_

Birth Date: \_\_/\_\_/\_\_

Baptism Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

1st Communion Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

Confirmation Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

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Name: _____ Male : _____ Female: _____

Birth Date: __/__/__

Baptism Date: __/__/__ at: _____

1st Communion Date: __/__/__ at: _____

Confirmation Date: __/__/__ at: _____

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Name: \_\_\_\_\_ Male : \_\_\_\_\_ Female: \_\_\_\_\_

Birth Date: \_\_/\_\_/\_\_

Baptism Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

1st Communion Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

Confirmation Date: \_\_/\_\_/\_\_ at: \_\_\_\_\_

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Name: _____ Male : _____ Female: _____

Birth Date: __/__/__

Baptism Date: __/__/__ at: _____

1st Communion Date: __/__/__ at: _____

Confirmation Date: __/__/__ at: _____

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