

PLEASE PRINT AND FILL IN FULLY

St. Monica Catholic Church Parishioner Registration Form

Completing this form will help us get to know our parish family better and will help update our parish records.

Today's Date: **Family Name Are you registered in another Parish in the Diocese of Austin?** Yes or No If yes, what Parish? Church, City, State Would you like to discontinue membership at your previous parish? _____Yes or _____No Weekend Mass Time you participate in: ____ Saturday 6 p. m. ____ Sunday 8 a. m. ____ Sunday 10 a.m. Weekday Mass time you participate in: ____ Tuesday 12:10 p.m. ____ Tuesday 6 p. m. ____ Thursday 12:10 p. m. ____ Friday 8 a.m. ____ City___ Physical Address Mailing Address: If address is the same as physical please write same below. City State **HEAD OF HOUSEHOLD 1** Circle one: Mr. Mrs. Ms. Dr. Miss Other: ______ Maiden Name (if applicable):______ Name:___ First, Middle, Last City, State уууу Cell phone: E-mail: Ethnicity: Primary Language: 2nd: Occupation (Your title) Employer:_____ Work Phone: Religion: ____ Education: High School (Graduation Year _____) College: Major & Degree: Sacraments of Initiation: Baptism ____No or ____Yes If yes: Date_____/_____Location_ Church, City, State 1st Eucharist ____No or ____Yes If yes: Date_____/_____Location__ Church, City, State Confirmation _____No or ____Yes If yes: Date_____/________________Location__ Church, City, State ___ Divorced _____ Married Marital Status: Single Engaged Widowed Other: Would you like to receive information to complete Sacraments. Are you interested in Order of Christian Initiation of Adults (OCIA)? _____No or ____Yes Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.)_ **HEAD OF HOUSEHOLD 2** Circle one: Mr. Mrs. Ms. Dr. Miss Other:____ Maiden Name (if applicable):___ Name: First, Middle, Last Place:_ Birthdate: _ City, State Cell phone: E-mail: Ethnicity:__ Primary Language:____ Occupation (Your title) Employer: Work Phone: Religion: ____ Education: High School (Graduation Year _____) College: Major & Degree: Sacraments of Initiation: Baptism _____No or _____Yes If yes: Date_____/________Location__ 1st Eucharist _____No or _____Yes If yes: Date_____/____/____Location__ Church, City, State __/____/__Location_ Confirmation _____No or _____Yes If yes: Date____ Church, City, State Divorced Married Engaged Widowed Marital Status: Single Other: Would you like to receive information to complete Sacraments. Are you interested in Order of Christian Initiation of Adults (OCIA)? _____No or _____Yes Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.)_

If Married in a Catholic Church, Name of parish & Location

Church, City, State

List all dependents or others who currently are living at home [children (young and adult), grandchildren, siblings, older parents]

Name					Male	Female	
	First, Middle, Last						
Birthdate / / / YYYY	Birthplace		City, State		Attends Parish CCE/CYO program	ı Yes	_No
			•				
Family Position: Minor C							
Relationship to head of househo					24		
Ethnicity:			Primary Langua	ge:	2nd		
Religion:			_				
Education:							
Name of School attending			City, Sta	te		Grade	
Sacraments of Initiation:							
BaptismNo orYes If	f yes: Date/	/	Location				
				Chur	ch, City, State		
1st EucharistNo orYes II	f yes: Date/	/	Location			_	
ConfirmationNo orYes I	f ves: Date /	/	Location		rch, City, State		
CommittationNo ofres i	1 yes. Date				rch, City, State	_	
Any Special needs? (example: Home	bound, nursing home	e, blind, deaf	etc.)		. ,,		
Activities and Volunteer Activities in	nvolved in or would li	ke to becom	ne involved in:				
Would you like to receive informatio	n to complete Sacran	nents. Are yo	ou interested in Ord	er of Christian Initia	tion of Adults (OCIA)?No o	rYes	
18 Years & older:							
High School (Graduation Year	١	College: M	laior & Degree				
6 II I	/						
Occupation (Your title)							
Work Phone:			_ , _				
Marital Status: Single		N	Married	Engaged	Widowed Other:		
Name					Male	Female	
Pirthdata / /	First, Middle, Last				Attends Parish CCE/CYO program	Vos	No
Birthdate / _ / _ / YYYY	bii tripiace		City, State		Attenus Parisii CCE/CTO program	i res	INO
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Family Position: Minor C Relationship to head of househo			_ Other Adult				
Ethnicity:	iu		Primary Langua	ge.	2nd		
2 !: :			Triinary Langua	Pc			
Religion:			_				
Education:							
Name of School attending			City, Sta	te		Grade	
Sacraments of Initiation:							
BaptismNo orYes If	yes: Date/	/	Location				
		,			rch, City, State		
1st EucharistNo orYes If	f yes: Date/	/	Location		rch. Citv. State	_	
ConfirmationNo orYes I	f ves: Date /	/	Location		rcn, city, state		
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Any Special needs? (example: Home	bound, nursing home:	, blind, deaf	etc.)				
Activities and Volunteer Activities in	າvolved in or would li	ke to becom	ne involved in:				
Would you like to receive informatio	n to complete Sacran	nents. Are yo	ou interested in Ord	er of Christian Initia	tion of Adults (OCIA)?No o	rYes	
18 Years & older:							
	1	College: N	laior & Degroot				
High School (Graduation Year Cell phone:							
Occupation (Your title)							
Work Phone:			Lilipioyer				
Marital Status: Single		N	_ Married	Engaged	Widowed Other:		
Single				.00			

List all dependents or others who currently are living at home [children (young and adult), grandchildren, siblings, older parents]

Name								Male	Female	
	,	First, Midd	-							
Birthdate/ MM / DD		_Birthplace_			City, State		Attends Par	ish CCE/CYO program	Yes	No
,	,				•					
Family Position: Relationship to head of										
Ethnicity:						uage:	 2nd			
Religion:										
					_					
Education:					o., o					
Name of School attending					City, S	tate			Grade	
Sacraments of Initiation: Baptism No or	Voc. If v	voc: Dato	,	,	Location					
NO OI_	1es 11 y	es. Date	/		Location		Church, City, State	!	_	
1st EucharistNo or	Yes If	yes: Date	/	/_	Location				_	
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ConfirmationNo or	Yes If	yes: Date	/	/	Locaπon		Church, City, State		_	
Any Special needs? (exam	nple: Homeb	ound, nursir	ng home, b	olind, dea	f, etc.)		,,			
Activities and Volunteer	Activities inv	olved in or	would like	to becor	me involved in:					
Would you like to receive										
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18 Years & older:	V	,		- II N	4-i 0. D					
High School (Graduation Cell phone:										
Occupation (Your title)										
Work Phone:						•				
Marital Status:					 Married	Engaged	Widowed	Other:		
Name		First, Midd						Male	Female	
Birthdate/	/	•	•				Attends Par	ish CCE/CYO program	Yes	No
MM / DD	/ YYYY				City, State			, , ,		
Family Position:	Minor Ch	ild	Adult Chi	ild	Other Adult					
Relationship to head of										
Ethnicity:					Primary Lang	guage:	2nd			
Religion:										
Fd										
Education: Name of School attending					Citv. S	tate			Grade	
Sacraments of Initiation:										
	Yes If y	es: Date	/	/	Location					
							Church, City, State	!		
1st EucharistNo or	Yes If	/es: Date	/	/	Location				-	
ConfirmationNo or	Yes If	yes: Date	/	/	Location		Church, City, State	e 	_	
							Church, City, State	9		
Any Special needs? (exam	nple: Homeb	ound, nursii	ng home, b	olind, dea	f, etc.)					
Activities and Volunteer	Activities inv	olved in or	would like	to becor	me involved in:					
Would you like to receive	information	to complete	e Sacrame	nts. Are y	ou interested in O	rder of Christia	n Initiation of Adults	(OCIA)?No or	rYes	
18 Years & older:										
High School (Graduatio	n Year)	С	ollege: N	Najor & Degree:					
6 II I										
Occupation (Your title)										
Work Phone:										
Marital Status:			orced	r	Married	Engaged	Widowed	Other:		

Parish Activities

All Volunteers in the ministry must attend Ethics & Integrity Workshop! (If interested in the following activities, please print your name on the corresponding line)

<u>Volunteer</u>	<u>Committee</u>					
Becoming a Catechist/Aide:	Building and Maintenance Committee:					
Youth Ministry:	Finance Committee:					
Volunteer for Religious Education CCE Program:	Cemetery Committee:					
Festivals/Fundraising:	Pastoral Council:					
	Bereavement:					
<u>Liturgy</u> Altar Server:	<u>Organizations</u>					
Extra-ordinary Ministers of Holy Communion:	St. Monica's Ladies Society:					
Lector:	Knights of Columbus #12601:					
Nursing home/homebound:	KJZT #48:					
Parish Choir:	OTHER					
Cantors:						
Would you like to receive Offertory Donation envelopes?YesNo I/We realize that St. Monica Parish may publish a Directory. I/We give permission that my/our contact information may be published in the directory. (Contact information may include name, address, phone)YesNo Are there any programs or ministries you would like to have implemented into our parish?Skills & Talents: Please list all skills and talents that each member of your family have:						
<u>Comments:</u>						