



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.

Physical Address _____ City _____ State _____ Zip _____ - _____

Mailing Address: If address is the same as physical please write same below.

_____ City _____ State _____ Zip _____ - _____

HEAD OF HOUSEHOLD 1

Circle one: Mr. Mrs. Ms. Dr. Miss Other: _____

Name: _____ Maiden Name (if applicable): _____

Birthdate: _____
First, Middle, Last
mm dd yyyy

Place: _____
City, State

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

Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ 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: _____

Name: _____ Maiden Name (if applicable): _____

Birthdate: _____
First, Middle, Last
mm dd yyyy

Place: _____
City, State

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

Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ 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.) _____

Marriage Date: _____ / _____ / _____ If Married in a Catholic Church, Name of parish & Location _____
mm dd yyyy 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 _____	Birthplace _____	Attends Parish CCE/CYO program ____ Yes ____ No
MM / DD / YYYY	City, State	
Family Position: ____ Minor Child ____ Adult Child ____ Other Adult		
Relationship to head of household: _____		
Ethnicity: _____		Primary Language: _____ 2nd _____
Religion: _____		
Education:		
Name of School attending _____		City, State _____ Grade _____
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
Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.) _____		
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Activities and Volunteer Activities involved in or would like to become involved in: _____		
Would you like to receive information to complete Sacraments. Are you interested in Order of Christian Initiation of Adults (OCIA)? ____ No or ____ Yes		
18 Years & older:		
High School (Graduation Year _____)		College: Major & Degree: _____
Cell phone: _____		E-mail: _____
Occupation (Your title) _____		Employer: _____
Work Phone: _____		
Marital Status: ____ Single ____ Divorced ____ Married ____ Engaged ____ Widowed Other: _____		

Name _____		____ Male ____ Female
First, Middle, Last		
Birthdate _____	Birthplace _____	Attends Parish CCE/CYO program ____ Yes ____ No
MM / DD / YYYY	City, State	
Family Position: ____ Minor Child ____ Adult Child ____ Other Adult		
Relationship to head of household: _____		
Ethnicity: _____		Primary Language: _____ 2nd _____
Religion: _____		
Education:		
Name of School attending _____		City, State _____ Grade _____
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
Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.) _____		
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18 Years & older:		
High School (Graduation Year _____)		College: Major & Degree: _____
Cell phone: _____		E-mail: _____
Occupation (Your title) _____		Employer: _____
Work Phone: _____		
Marital Status: ____ Single ____ Divorced ____ Married ____ Engaged ____ Widowed Other: _____		

Name _____		_____ Male _____ Female	
Birthdate _____ / _____ / _____		First, Middle, Last	
MM / DD / YYYY		Birthplace _____	
City, State		Attends Parish CCE/CYO program _____ Yes _____ No	
Family Position: _____ Minor Child _____ Adult Child _____ Other Adult			
Relationship to head of household: _____			
Ethnicity: _____		Primary Language: _____ 2nd _____	
Religion: _____			
Education:			
Name of School attending _____		City, State _____ Grade _____	
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	
Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.)			

Activities and Volunteer Activities involved in or would like to become involved in: _____			
Would you like to receive information to complete Sacraments. Are you interested in Order of Christian Initiation of Adults (OCIA)? _____ No or _____ Yes			
18 Years & older:			
High School (Graduation Year _____)		College: Major & Degree: _____	
Cell phone: _____		E-mail: _____	
Occupation (Your title) _____		Employer: _____	
Work Phone: _____			
Marital Status: _____ Single _____ Divorced _____ Married _____ Engaged _____ Widowed _____ Other: _____			

Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate _____ / _____ / _____ MM DD YYYY	First, Middle, Last Birthplace _____ City, State _____	Attends Parish CCE/CYO program <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Position: _____ Minor Child _____ Adult Child _____ Other Adult		
Relationship to head of household: _____		
Ethnicity: _____	Primary Language: _____ 2nd _____	
Religion: _____		
Education:		
Name of School attending _____ City, State _____		Grade _____
Sacraments of Initiation:		
Baptism <input type="checkbox"/> No or <input type="checkbox"/> Yes If yes: Date _____ / _____ / _____	Location _____ Church, City, State _____	
1st Eucharist <input type="checkbox"/> No or <input type="checkbox"/> Yes If yes: Date _____ / _____ / _____	Location _____ Church, City, State _____	
Confirmation <input type="checkbox"/> No or <input type="checkbox"/> Yes If yes: Date _____ / _____ / _____	Location _____ Church, City, State _____	
Any Special needs? (example: Homebound, nursing home, blind, deaf, etc.) _____		
Activities and Volunteer Activities involved in or would like to become involved in: _____		
Would you like to receive information to complete Sacraments. Are you interested in Order of Christian Initiation of Adults (OCIA)? <input type="checkbox"/> No or <input type="checkbox"/> Yes		
18 Years & older:		
High School (Graduation Year _____)	College: Major & Degree: _____	
Cell phone: _____	E-mail: _____	
Occupation (Your title) _____	Employer: _____	
Work Phone: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> 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)

Volunteer

Becoming a Catechist/Aide:

Youth Ministry:

Volunteer for Religious Education CCE Program:

Festivals/Fundraising:

Liturgy

Altar Server:

Extra-ordinary Ministers of Holy Communion:

Lector:

Nursing home/homebound:

Parish Choir:

Cantors:

Committee

Building and Maintenance Committee:

Finance Committee:

Cemetery Committee:

Pastoral Council:

Bereavement:

Organizations

St. Monica's Ladies Society:

Knights of Columbus #12601:

KJZT #48:

OTHER

Would you like to receive Offertory Donation envelopes?

_____ Yes _____ No

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)

_____ Yes _____ No

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:

Comments:
