

Parishioner Membership Form

Please fill out the form below and return it to the church office. Please call if you need assistance.

FAMILY LAST NAME: _____
 STREET ADDRESS: _____
 SUBDIVISION or APARTMENT COMPLEX: _____
 CITY, STATE, ZIP _____
 HOME PHONE _____ - _____ - _____

For Office Use Only

I.D. Number _____
 Member Registration Date _____
 N.O.G. _____

Are you currently Registered at another parish in the Austin Diocese?

Yes No

If yes, which one?

Head of Household #1

Name _____
 Birth Date _____ Male Female
 Religion _____ Maiden Name _____
 Marital Status: Married Single Div./Sep Widowed
 Married By: _____ Catholic Church Other
 Wedding Date _____ (Sacramental date)
 Occupation _____ Employer _____
 Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
 Email Address _____

Head of Household #2

Name _____
 Birth Date _____ Male Female
 Religion _____ Maiden Name _____
 Marital Status: Married Single Div./Sep Widowed
 Married By: _____ Catholic Church Other
 Wedding Date _____ (Sacramental date)
 Occupation _____ Employer _____
 Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
 Email Address _____

Homebound / Disabled in the home? List Name (s) _____

Names of Children	M/F	Birth Date	School Grade	Baptism	Reconciliation	First Communion	Confirmation

Please indicate which option you choose for your contribution to the Church.

Weekly Offertory Envelopes
 Weekly Offering (52 Sunday Envelopes)
 Monthly Offering (1 Sunday Envelope)
 Electronic Giving