

ST. LOUIS PARISH REGISTRATION FORM



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APPLICANT		JOINT APPLICANT	
		LAST NAME	
		FIRST AND MIDDLE NAMES	
		MAIDEN NAME	
		DATE OF BIRTH (D/M/Y)	
<input type="checkbox"/> ROMAN CATHOLIC <input type="checkbox"/> OTHER		RELIGION	
<input type="checkbox"/> BAPTISM <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> FIRST COMMUNION		SACRAMENTS RECEIVED	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		MARITAL STATUS	
ADDRESS	STREET NAME AND NUMBER	APT.	CITY / TOWN
		POSTAL CODE	
DATE OF ROMAN-CATHOLIC MARRIAGE TO JOINT APPLICANT (D/M/Y) →		EMAIL	
HOME PHONE NUMBER			WORK / CELL PHONE NUMBER

CHILDREN RESIDING WITH PARENTS - MARRIED CHILDREN SHOULD COMPLETE THEIR OWN REGISTRATION			
LAST NAME, FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX	SACRAMENTS RECEIVED <input type="checkbox"/> BAPT. <input type="checkbox"/> CONFIRM. <input type="checkbox"/> FIRST COMM.
LAST NAME, FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX	SACRAMENTS RECEIVED <input type="checkbox"/> BAPT. <input type="checkbox"/> CONFIRM. <input type="checkbox"/> FIRST COMM.
LAST NAME, FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX	SACRAMENTS RECEIVED <input type="checkbox"/> BAPT. <input type="checkbox"/> CONFIRM. <input type="checkbox"/> FIRST COMM.
LAST NAME, FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX	SACRAMENTS RECEIVED <input type="checkbox"/> BAPT. <input type="checkbox"/> CONFIRM. <input type="checkbox"/> FIRST COMM.
LAST NAME, FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX	SACRAMENTS RECEIVED <input type="checkbox"/> BAPT. <input type="checkbox"/> CONFIRM. <input type="checkbox"/> FIRST COMM.

WELCOME TO THE ST. LOUIS PARISH COMMUNITY

Do you wish Sunday Collection Envelopes? Yes No