

# ST. VICTOR CHAPEL

## Parish Registration Form

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ TITLE: (CIRCLE) MR & MRS / MR / MRS / MS / MISS

FIRST \_\_\_\_\_ MI \_\_\_\_\_ SPOUSE \_\_\_\_\_ MI \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, ARE YOU MARRIED IN THE CATHOLIC CHURCH? YES / NO

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ UNLISTED? \_\_\_\_ (Y) \_\_\_\_ (N)

CELL PHONE ( ) \_\_\_\_\_ UNL? Y / N HIS WORK PHONE ( ) \_\_\_\_\_ UNL? Y / N

E-MAIL: \_\_\_\_\_ Alt. E-MAIL: \_\_\_\_\_

HEAD OF HOUSEHOLD:

NAME: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

SPOUSE: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
1ST CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
2ND CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
3RD CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK/CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

Please complete back page. Thank you.

LAST REVISED: July 8, 2019; MYF

Full Name of Others in Household	Date of Birth	Religion	Married	Baptized	1 <sup>st</sup> Communion	Confirmation
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No

Would you like to receive Church envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended and ACTS retreat? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Where? \_\_\_\_\_

Which weekend Mass does your family typically attend? Please mark with a (✓)

\_\_\_\_\_ Saturday 7:00PM

\_\_\_\_\_ Sunday 9:30AM

Please indicate with a (✓) which Ministries you or members of your household would be interested in giving of your *Time or Talent*.

\_\_\_\_\_ Eucharistic Adoration

\_\_\_\_\_ Homebound Ministries

\_\_\_\_\_ Altar Society

\_\_\_\_\_ Knights of Columbus

\_\_\_\_\_ Altar Server

\_\_\_\_\_ Lector/Commentator

\_\_\_\_\_ Extraordinary Ministers of Holy Communion

\_\_\_\_\_ Music Ministry

\_\_\_\_\_ Prayer Blankets

\_\_\_\_\_ Faith Formation (Teacher/Sub)

\_\_\_\_\_ RCIA (Rite of Christian

\_\_\_\_\_ Greeter

Initiation of Adults)

\_\_\_\_\_ Guadalupanos Society

\_\_\_\_\_ St. Vincent De Paul Society

\_\_\_\_\_ His Holy Face Rosary Makers

\_\_\_\_\_ Youth Ministry

Please return the completed form to the parish office.

St. Stanislaus Catholic Church/St. Victor Chapel

P. O. Box 757

Bandera, TX 78003

830-460-4712

ststanis@sbcglobal.net