

St. Hyacinth Catholic Church - Parish Registration Form
Archdiocese of Galveston-Houston

FAMILY LAST NAME			TITLE (Circle one please) MR./MRS MR. MRS. MS. DR./MRS.			
P.O. BOX	STREET ADDRESS			CITY/STATE		ZIP
HOME PHONE #	UNLISTED (Y) (N)		TODAY'S DATE	MARITAL STATUS (Circle one please) Church by Priest, Civil Marriage, Widow, Separated, Divorced or Single		
OFFERING ENVELOPES?	(Y) (N)	This form is for parish use only. All information is confidential. Please PRINT Clearly.				
	HEAD OF HOUSE	SPOUSE	CHILD	CHILD	CHILD	OTHER
FIRST NAME						
LAST NAME (if different)		(Maiden Name)				
RELIGION						
DISABILITY						
ETHNICITY						
LANGUAGE(S) SPOKEN						
OCCUPATION						
CITY/STATE						
BUSINESS PHONE & EXT. #						
EMAIL ADDRESS						
PERSONAL CELL PHONE #						
BIRTH DATE						
SEX (Male/Female)						
CURRENT GRADE LEVEL						
BAPTISM DATE	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /
FIRST COMMUNION DATE	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /
CONFIRMATION DATE	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /
MARRIAGE DATE	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /	(Y) (N) (HERE) / /
MINISTRIES/TALENTS						
MINISTRIES/TALENTS						