

ST LOUIS KING OF FRANCE

REGISTRATION FORM

Must be completed and turned in to Becky at Rectory office. Feel free to call with any questions or concerns, (504) 834-9977 ext. 2.

Name: _____
First Middle Last

Candidate Phone: _____
Home Mobile

Home Address: _____
Street City Zip

Date of Birth: _____ Place of Birth: _____
(MM/DD/YYYY) City / State

School Attended 9th & 10th Grade: _____

School Attending Now (11th/12th Grade): _____

Candidate Email: _____

Father's Name: _____

Father Contact #'s: _____
Home Mobile Work

Mother's Name: _____
First Maiden Name Married Name

Mother Contact #'s: _____
Home Mobile Work

Parent's Email: _____

Church of Baptism: _____ Date of Baptism: _____
Month/Day/Year

Baptism Church Address: _____
Street City State Zip Code

Church of 1st Communion: _____ Year: _____

Church Office Only:

Confirmation Name: _____ In Parish? _____

Sponsor's Name: _____

Payment Made: _____ Church of Baptism: _____