

## St. Michael the Archangel – Parish Registration Form

Family Last Name: \_\_\_\_\_

Archdiocese of Galveston-Houston

FOR OFFICE USE ONLY

Today's Date: \_\_\_\_\_

100 Oak Drive, South  
Lake Jackson, Texas 77566  
979-297-3041      979-297-7895 FAX

Envelope # \_\_\_\_\_

[www.smlj.org](http://www.smlj.org)

Former Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Have you informed them of your move to St. Michael's? Yes    No

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted? Yes \_\_\_ His Email Address: \_\_\_\_\_ Her Email Address: \_\_\_\_\_

His Cell Phone: \_\_\_\_\_ Her Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Head of Household & Spouse (maiden name) [(First Name, Middle Name, (Nickname)]	Date of Birth	Marital Status (M,S, Div, Sep, Wid)	Religion	Sacraments Received								Occupation	Languages Spoken			
				Baptized		First Communion		Confirmed		Catholic Marriage						
				Yes/No	Date	Yes/No	Date	Yes/No	Date	Yes/No	Date					
				Church, City/State where baptized												
				Church, City/State where baptized												
Dependent Children First Name, Middle Name, (Nickname)	Date of Birth	Sex		Religion	Sacraments Received						Education				Languages Spoken	
		M	F		Baptized		1st Communion		Confirmed		Type of School		Current Grade Level	Religion Classes		
					Yes/No	Date	Yes/No	Date	Yes/No	Date	Catholic	Other		Yes		No