

Date: _____

Envelope # _____
(OFFICE USE ONLY)

St. Francis de Sales Catholic Church
Archdiocese of Galveston-Houston
8200 Roos Road, Houston, TX 77036
Phone: 713-774-7475 Fax: 713-774-6591
www.sfds-houston.org
Parishioner Registration Form

SFds School

This form is for parish use only. Your cooperation will help your parish to serve you. Please PRINT all answers clearly.

Current home address: _____ City/State: _____ Zip: _____

*Email: _____ (His) Work/Cell: _____ (Her) Work/Cell: _____

Ethnicity: _____ (African American/Asian/Caucasian/Filipino/Hispanic/Indian/Vietnamese)

Country of origin: _____ Primary language: _____ Second Language: _____

Head of household and spouse (if any)	Date of birth mm/dd/yy	Marital status	Religion	Baptized mm/dd/yy	First Eucharist mm/dd/yy	Confirmation mm/dd/yy	Married by a Catholic Priest mm/dd/yy	Occupation
Husband:								
Wife:								

Dependent children living with you:	Date of birth	Sex M/F	Religion	Baptized mm/dd/yy	First Eucharist mm/dd/yy	Confirmed mm/dd/yy	Type of school	Grade	Religion classes yes or no
Name:									
Name:									
Name:									
Name:									
Name:									
Name:									
Name:									
Others living with you/relation									
Name:									

Former Parish _____ City/State _____

Date registration received: _____