Today's
Date:_____

Sacred Heart of Jesus Catholic Community

6502 County Road 48
Manvel, TX 77578
281-489-8720 www.sacredheartmanvel.org

Parish Registration Form

WELCOME!

For Office Use Only:

Env. # _____

Date:_____ Entered:_____

Received by:_____

This form is for Parish use only. Your cooperation will help your parish serve you. Please PRINT clearly. Thank you!!

Address:_____City:_____Zip:_____

Main Phone:_____ RECEIVE AUTOMATED PHONE MESSAGES: YES NO

Email Address:_____ Primary Language:_____ Secondary Language:_____

HEAD OF HOUSEHOLD AND SPOUSE(IF ANY)	Date of Birth	Single Married Divorced	Married by Priest or Deacon Y/N, Date	Cell Phone	Email Address	Ethnicity: Anglo, Asian, Black, Hispanic	Religion	Religion Baptized	1st Communion Y/N	Confirmation Y/N
Mr:										
Mrs.: Ms.:										

DEPENDENT CHILDREN	Date of Birth	Male / Female	Married by Priest or Deacon Y/N, Date			Ethnicity: Anglo, Asian, Black, Hispanic	Religion	Religion Baptized	1st Communion Y/N	Confirmation Y/N

OTHER ADULTS/CHILDREN	Relation to Head	Date of Birth	Male/ Female	Married by Priest or Deacon Y/N, Date	Email Address	Ethnicity: Anglo, Asian, Black, Hispanic	Cell Phone	Religion	Religion Baptized	1st Communion/ Confirmation Y/N