

Today's Date: _____

St. Laurence Catholic Church
 Archdiocese of Galveston-Houston
 3100 Sweetwater Blvd., Sugar Land, TX 77479
 281-980-9812 - www.stlaurence.org
 New Parishioner Registration Form

Last Name: _____

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

Address: _____ City: _____ Zip: _____

Home Phone _____ Cell Phone #1 _____ Cell Phone #2 _____ Emergency Phone _____

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

ETHNICITY: White: _____ Black: _____ Hispanic: _____ Asian/Pacific Islander: _____ American Indian/Alaskan: _____

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY)	DATE OF BIRTH	SINGLE MARRIED DIVORCED		RELIGION	SACRAMENTS RECEIVED						OCCUPATION			
					RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		MARRIED BY PRIEST				
						YES	NO	YES	NO	YES				NO
MR.:	/ /													
MRS.:	/ /													
MS.:		SEX		RELIGION	RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		EDUCATION				
MISS:		M	F			YES	NO	YES	NO	TYPE OF SCHOOL		CURRENT GRADE	RELIGION CLASSES	
DEPENDENT CHILDREN	DATE OF BIRTH					YES	NO	YES	NO	CATHOLIC	OTHER			YES
3. NAME:	/ /													
4. NAME:	/ /													
5. NAME:	/ /													
6. NAME:	/ /													
7. NAME:	/ /													

Parish Offering Contribution Method: Envelopes Mailed to Home _____ Electronic Contributions _____ *(Enrollment information will be sent to you)*