Today's Date: _____

St. Laurence Catholic Church

Archdiocese of Galveston-Houston
3100 Sweetwater Blvd., Sugar Land, TX 77479
281-980-9812

New Parishioner Registration Form

Family 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: _____ Work Phone: _____ Emergency Work Phone: _____

Family 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	MARITAL STATUS	RELIGION	SACRAMENTS RECEIVED							OCCUPATION
				YEAR & RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		MARRIED BY PRIEST		
					YES	NO	YES	NO	YES	NO	
1. NAME:	/ /										
2. NAME:	/ /										

DEPENDENT CHILDREN	DATE OF BIRTH	SEX		RELIGION	YEAR & RELIGION BAPTIZED	1ST COMMUNION		CONFIRMATION		EDUCATION				
										TYPE OF SCHOOL		CURRENT GRADE	RELIGION CLASSES	
		M	F			YES	NO	YES	NO	CATHOLIC	OTHER		YES	NO
3. NAME:	/ /													
4. NAME:	/ /													
5. NAME:	/ /													
6. NAME:	/ /													
7. NAME:	/ /													
8. NAME:	/ /													