



St. Helena  
of the  
True Cross of Jesus  
CATHOLIC PARISH

St. Helena Church  
Corpus Christi, Texas

# PARISH REGISTRATION

Registration Date: \_\_\_\_\_

ID # \_\_\_\_\_

Env. # \_\_\_\_\_

Head of Household Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ unlisted Home e-mail \_\_\_\_\_

Gender: M  F  Personal e-mail \_\_\_\_\_

Work e-mail \_\_\_\_\_ Work phone \_\_\_\_\_ extension \_\_\_\_\_ Cellphone \_\_\_\_\_

Religion \_\_\_\_\_ Date of Birth / /

Marital Status: Single  Married  Divorced  Widowed  Sacramental Marriage

Sacramental Marriage Anniversary / /

Which of these Sacraments have you received:

Baptized Date \_\_\_\_\_ place \_\_\_\_\_ 1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_ Confirmation Date \_\_\_\_\_ place \_\_\_\_\_

**Add me to the volunteer roster** yes / no Times available am /pm weekdays/weekends/parish events I have volunteered for the Dicoese of Corpus Christi. yes/no I have filled out volunteer forms and completed a CMSE certification class. yes/no if yes what is the certificate expiration date: \_\_\_\_\_

**Spouse/ other adult** (relation to head of HH? \_\_\_\_\_) Title: Mr.  Mrs.  Ms.  Miss  Dr.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix: Sr. Jr. III

Maiden \_\_\_\_\_ Gender: M F Personal e-mail \_\_\_\_\_

Work e-mail \_\_\_\_\_ Work phone \_\_\_\_\_ extension \_\_\_\_\_ Cellphone \_\_\_\_\_

Religion \_\_\_\_\_ Date of Birth / /

Marital Status: Single Married Divorced Widowed Sacramental Marriage Anniversary / /

Which of these Sacraments have you received?:

Baptized Date \_\_\_\_\_ place \_\_\_\_\_ 1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_ Confirmation Date \_\_\_\_\_ place \_\_\_\_\_

**Add me to the volunteer roster** yes  no  Times available am  pm  weekdays  weekends  parish events  I have volunteered for the Dicoese of Corpus Christi. yes/no I have filled out volunteer forms and completed a CMSE certification class. yes/no if yes what is the certificate expiration date: \_\_\_\_\_

Please complete the other side for children. >>

7634 WOOLDRIDGE RD. CORPUS CHRISTI, TX 78414 | P.O. BOX 81210 | CORPUS CHRISTI, TEXAS



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# CHILDREN REGISTRATION

Child Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Suffix: Sr. Jr. III Head of Household relation child  stepchild  grandchild  niece  nephew  other

Religion \_\_\_\_\_ Gender: M  F  School Grade \_\_\_\_\_ Date of Birth / /

Circle the Sacraments received: (Please register this child for Religious Education. Yes/No)

Baptized Date \_\_\_\_\_ place \_\_\_\_\_

1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_

Confirmation Date \_\_\_\_\_ place \_\_\_\_\_

Child Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Suffix: Sr. Jr. III Head of Household relation child  stepchild  grandchild  niece  nephew  other

Religion \_\_\_\_\_ Gender: M  F  School Grade \_\_\_\_\_ Date of Birth / /

Circle the Sacraments received: (Please register this child for Religious Education. Yes/No)

Baptized Date \_\_\_\_\_ place \_\_\_\_\_

1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_

Confirmation Date \_\_\_\_\_ place \_\_\_\_\_

Child Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Suffix: Sr. Jr. III Head of Household relation child  stepchild  grandchild  niece  nephew  other

Religion \_\_\_\_\_ Gender: M  F  School Grade \_\_\_\_\_ Date of Birth / /

Circle the Sacraments received: (Please register this child for Religious Education. Yes/No)

Baptized Date \_\_\_\_\_ place \_\_\_\_\_

1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_

Confirmation Date \_\_\_\_\_ place \_\_\_\_\_

Child Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Suffix: Sr. Jr. III Head of Household relation child  stepchild  grandchild  niece  nephew  other

Religion \_\_\_\_\_ Gender: M  F  School Grade \_\_\_\_\_ Date of Birth / /

Circle the Sacraments received: (Please register this child for Religious Education. Yes/No)

Baptized Date \_\_\_\_\_ place \_\_\_\_\_

1st Communion Date \_\_\_\_\_ place \_\_\_\_\_

1st Confession Date \_\_\_\_\_ place \_\_\_\_\_

Confirmation Date \_\_\_\_\_ place \_\_\_\_\_