

After completing the form, print the form to a PDF ("SAVE TO PDF"). Email the PDF or drop off a hard copy to the parish office. Thank you!

Env. _____
For Office Use Only

Regina Caeli Catholic Parish

Return completed form to parish at 8121 Breen Dr., Houston, TX, 77064 or email form to office@reginacaeliparish.org.

Family Name: _____ Home Phone: _____

Marital Status: Married Single Widowed Separated Divorced

Cultural Origin: European Hispanic African Asian Other

Head of Household: _____ Email: _____

Religion: _____ Cell Phone: _____

Birth Date: _____ Sex: Male Female

Spouse: _____ Email: _____

Religion: _____ Cell Phone: _____

Birth Date: _____ Sex: Male Female

Physical Address: _____

Mailing Address (if different): _____

City: _____ Zip Code: _____

- I wish to register as a member and will notify my existing parish. (Regina Caeli will be my home parish.)
 - I wish to register, but keep membership in my existing parish. (My existing parish remains my home parish.)
- You will automatically receive an envelope set. Check this box if you do not need envelopes for your stewardship.

Other Family Members

Title (Mr., etc.)	First Name	Last Name	Sex (M/F)	Birth Date	Religion

