If completing this form online, please save to PDF before emailing. If you do not, the office will receive a blank form. 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 to office@reginacaeliparish.org.

FAMILY NAME_____ **Home Phone** _____
(Solo Apellido Paterno)

Street Address _____

City/State/Zip _____

Mailing Address (if different)_____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

Cultural Origin: ☐ European ☐ Hispanic ☐ African ☐ Asian ☐ Other

First & Last Name, Head of Household_____

Email _____ **Cell Phone** _____

Religion _____ **Birth Date** _____ **Gender (M/F)** _____

First & Last Name, Spouse _____

Email _____ **Cell Phone** _____

Religion _____ **Birth Date** _____ **Gender (M/F)** _____

STEWARDSHIP

☐ I wish to register as a member of Regina Caeli Parish. I will notify my current parish that Regina Caeli is my new home parish.

☐ I wish to register, but will keep membership in my current parish. My current parish will remain my home parish.

☐ I want stewardship envelopes for Regina Caeli Parish.

OTHER FAMILY MEMBERS

First Name	Last Name	Gender(M/F)	Birth Date	Religion