

NEW PARISHIONER FORM

**NOTRE DAME CATHOLIC CHURCH**  
**7720 BOONE ROAD HOUSTON, TX 77072**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TEXAS, ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ UNLISTED: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 EMAIL: \_\_\_\_\_  
 NAME OF SUBDIVISION OR APARTMENT COMPLEX: \_\_\_\_\_  
 NUMBER CHILDREN AT HOME: \_\_\_\_\_

M/M  MR.  MRS.  
 MS.  MISS  DR.

MARITAL STATUS:   
 married by a Catholic priest.  married by a civil official.  
 married by a non-Catholic minister.  single.  divorced.  
 separated.  widowed.

FIRST NAME/LAST NAME	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH	OCCUPATION	BAPTISED	COMM-UNION	CONFIR-MATION	ETHNIC ORIGIN	GRADE/DEGREE
<b>HEAD OF HOUSE</b>			<b>M/D/Y</b>							
<b>SPOUSE</b>										
<b>CHILDREN</b>										

**Church Support:** Monthly Envelope

Is there anyone in your home that is unable to attend Church because of age, illness, or handicap? Yes \_\_\_ No \_\_\_

Which of the following parish activities are you, your spouse or a member of your family interested in?

EUCCHARISTIC MINISTER \_\_\_ LECTOR \_\_\_ USHER \_\_\_ CCE TEACHER \_\_\_ ALTAR SERVER \_\_\_

CHOIR \_\_\_ YOUNG ADULT MINISTRY \_\_\_ ALTAR/LINEN CLEANING \_\_\_ OTHER \_\_\_

Please drop completed form in the collection basket or return to the church office.

