



Envelope No. _____ (Office use only)

Family Name: _____

Today's Date: _____

New Registrant

Address: _____

Title for Mailing List (check one):

Re-Registrant

Mr. Mrs. Mr. & Mrs.

Ms. Other

Phone (mark * if unlisted): _____

First Name, Middle Init. Wife's Maiden Name	Gender (Check One) <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Place of Birth	Religion (if not Catholic)	Marital Status	Church & Date			Education Highest Grade Completed	Occupation	Special Needs	
					Baptism	Confirmation	Matrimony			Handicap	Shut-In
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										
Children @ Home							School/Grade			Special Needs Handicap/Shut-In	Attend Religious Education/Where
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										
Others/Relationship											
	<input type="checkbox"/> M <input type="checkbox"/> F										
	<input type="checkbox"/> M <input type="checkbox"/> F										



If you or any member of your family are interested in participating in any of the committees listed below, please mark your preference.

- PARISH LIFE** Ushers, Greeters, Coffee hours, Picnic, Special Events
- SPIRITUAL LIFE** Choir, Lectors, Eucharistic Minister
- GARDEN SOCIETY**
- RELIGIOUS EDUCATION** Teacher, Assistant Adult Faith Formation
- FINANCE RESTORATION**
- HISTORICAL**

If you or any member of your family have a special talent or skill and could occasionally donate time to St. Louis, please list below.
