



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

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