St. Luke Catholic Church 2807 Oakdale - Temple, TX 76502 (254) 773-1561 REGISTRATION FORM

Office Use Only	
Envelope ID #	_
Registered//_	

Family Last Name:				Family Email Address:							
Street Address:				Mailing Address: (if different)							
City/State/Zip:				Home Phone: Cell Phone:							
Marital Status: ☐ Catholic Marriage ☐ Other Marriage				Salutati	on: 🛘 Mr.	☐ Mrs. ☐	Ms.	☐ Mr. & Mrs.			
☐ Single ☐ Divorced ☐ Separated ☐ Widowed						☐ Dr. ☐ Other					
						— 51.	— • • • • • • • • • • • • • • • • • • •				
May we publish photos of your family members participating in our parish life activities? Yes No Tithing: Envelopes											
Do you have any special needs or situation that you wish to call to our attention?						Yes 🗆 No			☐ Automatic With		
(Must complete form) Are you or a family member homebound? Yes No											
(Please indicate if you	u would like your phone Info on Head of	e number, address or er				. Info on	* Info on		* Indicates children living at home * Info on Info on other		
	Household #1	* Info on Spouse	* Info on	* Info o		* Info on			* Info on	Adult in	
	Household #1		Family Member	Family	Member	Family Member	Family Mer	nber	Family Member	Household	
First Name											
Last Name											
Gender											
Relationship											
Religion											
Date of Birth											
Grade in School											
Cell Phone											
Occupation											
Employer											
Work Phone											
Baptism											
Reconciliation											
1st Communion											
Confirmation											