ST. LUKE CATHOLIC CHURCH - REGISTRATION FORM/UPDATE FORM

2807 Oakdale - Temple, TX 76502 (254) 773-1561 www.slparish.org

Office Use Only
Envelope # _____
PDS _____
Date _____

☐ New Parishioner(s) ☐ Update/Change Registration Information

Family Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mr. & Mrs. ☐ Dr./Drs. ☐ Other _____

Marital Status

☐ Catholic Marriage ☐ Other Marriage Date:_____

☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Family Last Name _____ **Head of Household** _____ **Spouse** _____

Primary Email Address _____

Street Address:	Unlisted?	☐ Yes ☐ No	**Tithing:** ☐ Envelope ☐ Egiving
Mailing Address (if different):	Unlisted?	☐ Yes ☐ No	☐ I would like to sign up
City/State/Zip Code:			May we publish photos of your family members
Home Phone:	Unlisted?	☐ Yes ☐ No	participating in parish life activities? ☐ Yes ☐ No
Cell #1-HH:	Unlisted?	☐ Yes ☐ No	
Cell #2-Spouse:	Unlisted?	☐ Yes ☐ No	Are any family members homebound? ☐ Yes ☐ No
Work phone #1-HH:	May we call you at work?	☐ Yes ☐ No	
Work phone #2-Spouse:	May we call you at work?	☐ Yes ☐ No	Do you have any special needs or situations that
Email address #1-HH:	Unlisted?	☐ Yes ☐ No	you wish to call to our attention? ☐ Yes ☐ No
Email address #2-Spouse:	Unlisted?	☐ Yes ☐ No	*(Someone will contact you personally.)*

(Please indicate if you would like your address, phone number, or email information unlisted or unpublished.)

Please list Children residing with family under 18 years of age or Dependents. (attach an extra form for additional family members)

	Head of Household	Spouse	Family Member	Family Member	Family Member	Family Member	Family Member	Family Member
First Name								
Last Name								
Religion								
Relationship								
Date of Birth								
Gender								
Grade								
Employer								
Occupation								
Work phone								

Please indicate which Sacrament has been received for each family member and provide the date, if known.

Baptism								
Reconciliation								
First Communion								
Confirmation								