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

Office Use Only
Envelope ID # _____
Date 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** ☐ **Single** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** **Date of Marriage:** _____	**Salutation:** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Mr. & Mrs.** ☐ **Dr.** ☐ **Other** _____

May we publish photos of your family members participating in our parish life activities? ☐ Yes ☐ No

Do you have any special needs or situation that you wish to call to our attention? ☐ Yes ☐ No *(Someone will contact you personally.)*

Are you or a family member homebound? ☐ Yes ☐ No

Tithing: ☐ **Envelopes** ☐ **Automatic Withdrawal** *(Must complete form)*

(Please indicate if you would like your phone umber, address or email information unlisted or unpublished.)

*Indicates children living at home

	Info on Head of Household #1	*Info on Spouse	*Info on Family Member	*Info on Family Member	*Info on Family Member	*Info on Family Member	*Info on Family Member	Info on other Adult in Household
First Name								
Last Name								
Gender								
Relationship								
Religion								
Date of Birth								
Cell Phone								
Occupation								
Employer								
Work Phone								
Baptism								
Reconciliation								
First Communion								
Confirmation								