PARISH MEMBERSHIP FORM

CATHEDRAL OF ST. FRANCIS DE SALES
HOUMA, LOUISIANA

I/WE would like to register as a member/s of the Cathedral Parish of St. Francis de Sales.

NAME: _____ _____ & _____
LAST NAME *HIM* *HER – FIRST & MAIDEN*

CURRENT MAILING ADDRESS: _____

PHYSICAL ADDRESS (*if different from above*) _____
HOUSE NO. *STREET* *CITY & ZIP*

E-MAIL ADDRESS _____

HOME PHONE NUMBER: _____ Other Phone Nos.: _____

CIVIL STATUS: [ ] Single [ ] Widowed [ ] Separated [ ] Divorced

[ ] Married: in the Catholic Church Date: _____
Name & Location of Church: _____

[ ] Married by a Judge/J.P. or other Minister Date: _____

HOUSEHOLD: ***List all members including yourself.***

Full name (*last name if different*)	Sex *M/F*	Ethnic Group (see list below)	Religion	Date of Birth *Mm/dd/year*	SACRAMENTS RECEIVED Baptism	First Communion	Confirmation *(Check appropriate columns)*	(*For Children*) School Attending & Grade	(*For Adults*) Occupation

MASS ATTENDANCE: Do you attend Church Services? [ ] Weekly [ ] Occasionally [ ] Never

ETHNIC GROUP: Caucasian (C) Native American (NA) Hispanic (H) African American (AA) Asian (A) Other (O)
Other_____

Name & Address of **Former** Church Parish:

_____

I/We would like to receive the following:
[ ] Parish Contribution Envelopes
[ ] The Bayou Catholic (*Diocesan Newspaper*)
[ ] Cathedral News (*Parish Bulletin*)

Please indicate if any member of your household has special needs: _____