

St. Ann Catholic Church **REGISTRATION** Today's Date _____

Complete only what you wish. All information is for authorized parish personnel use only.

Last Name _____ First Name _____ M.I. _____ D.O.B. _____
 Wife's First Name _____ M.I. _____ Maiden Name _____ D.O.B. _____
 Mailing Address _____ City/State/Zip _____
 Street Address, if different from above _____
 How Long at this address? _____ Home Ph# _____
 Husband Cell Ph# _____ Wife Cell Ph# _____
 Husband Email _____ Wife Email _____
 Husband Occupation _____ Wife Occupation _____
 Husband Religion if not Catholic _____ Wife Religion if not Catholic _____
 Married in Catholic Church? _____
 Send Contribution Envelopes via Mail _____ Will Pick-Up _____ None needed, Thank you _____

Catholic Sacraments	Husband		I have been a		Widow/Widower since
	Yes	No	Yes	No	
Baptized Catholic					
First Communion					Mass attended most often
Confirmation					<input type="checkbox"/> Sunday morning <input type="checkbox"/> Spanish Mass <input type="checkbox"/> Sunday Evening <input type="checkbox"/> Saturday
RCIA or Instruction Classes					

First name of person willing to help with:

- | | | |
|--------------------------------|----------------------------|---|
| Worship: | CCD Assistant _____ | Hospitality _____ |
| Usher _____ | VBS Leader _____ | Church Maintenance: |
| Lector _____ | VBS Assistant _____ | Electrical repair _____ |
| Lector Coordinator _____ | Children's Liturgy _____ | Lawn care _____ |
| Eucharistic | Adult Education/RCIA _____ | Gardening _____ |
| Minister _____ | Parish Ministries: | Carpentry _____ |
| Greeter _____ | Knights of Columbus _____ | Kitchen help _____ |
| Spanish Choir _____ | Catholic Daughters _____ | Plumbing _____ |
| English Choir _____ | ACTS _____ | Office assistance _____ |
| Instrument Player _____ | Youth Groups _____ | Cleaning _____ |
| Altar Server _____ | CYO _____ | Masonry _____ |
| Altar Society _____ | Visit the Sick _____ | Handyman _____ |
| Alter Server Coordinator _____ | Visit the Elderly _____ | Interested in Catholic Vocations |
| | Funeral Receptions _____ | _____ |
| Religious Education: | Prayer Team _____ | Other |
| CCD Catechist _____ | Festival Planning _____ | _____ |

Please list children on reverse side

Mail this form to St. Ann Catholic Church, 14151 U.S. Hwy 87 W, La Vernia Texas, 78121.
www.StAnnLV.org

Children Living In Our Home

Catholic Sacraments						
Name Last, First, M.I.	M/F	Date of Birth	Baptism Date/Church/City (Or Faith Affiliation, if not Catholic)	First Communion Date/Church/City	Confirmation Date/Church/City	