



ST. JUDE CATHOLIC CHURCH

Parish Registration Form

OFFICE USE ONLY
Church Envelope # _____

CONFIDENTIAL
This information is only available to
St. Jude Catholic Church
and the Diocese of Dallas.

Today's Date: _____

Family Name: _____ Address: _____ City: _____ Zip: _____

Primary E-mail Address: _____ Primary Phone #: _____

Marital Status: Single Married Widowed Divorce If married, were you married by a Catholic Priest or Deacon or married prior to becoming a Catholic? Yes No

Title (Mr./Ms.)	Last Name	First Name	Middle Name	Maiden Name	Religion	Date of Birth	Baptized? Y/N	1st Eucharist? Y/N	Confirmed? Y/N	Date of Marriage

Children *(Please list only the children currently living at home, away at college or in military service. If needed, please use the back of the form.)*

Last Name	First Name	Middle Name	Gender	Date of Birth	Baptized? Y/N	1st Eucharist? Y/N	Confirmed? Y/N	Grade	School

Husband's Business Phone #: _____ Wife's Business Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

E-mail address: _____ E-mail address: _____

Were you previously members of St. Jude? Yes No If Yes, when? _____ Previous Parish Name: _____

Do you have a current Safe Environment clearance? Yes No Diocese: _____ City: _____ State: _____

Contact Name in case of an emergency: _____ Relationship: _____ Phone #: _____

Rev. 03/2010