



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.

Please complete, print and return to the church office or e-mail completed form to register@stjudeparish.com.

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 #: _____