

**For Office  
Use Only:**

**Envelope #**  
\_\_\_\_\_

**Date Registered**  
\_\_\_\_\_

**St. Clare of Assisi Catholic Church**  
**3131 El Dorado Blvd., Houston, TX 77059**  
**(281) 286-7729**

## Parish Registration Form

*Please Print Clearly*

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted:  Yes  No

**Preferred method of contact: Home Work Cell Email**

	First Name	Last Name (if different)	Gender M/F	Date of Birth	Religion	Marital Status*	Date of Marriage	Grade	Cell Phone	Work Phone
1										
2										
3										
4										
5										
6										
7										

**\*\*Marital Status:**

**(1) Married in Catholic Church**  
**(4) Single**

**(2) Married in another Religion**  
**(5) Widowed**

**(3) Civil Marriage**  
**(6) Divorced**

**Continued on the back** →

**Sacramental Information:**

	<b>Baptism</b>	<b>1st Eucharist</b>	<b>1st Reconciliation</b>	<b>Confirmation</b>	<b>Marriage</b>
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<b>Home Email Address</b>	<b>Work Email Address</b>
1		
2		
3		
4		
5		
6		
7		