



OUR LADY OF PERPETUAL HELP

We are honored that you and your family are a part of our faith community. Our greatest hope is to grow as a people of faith at every age, and circumstance of life. WE invite you once again to complete the following registration form. We encourage all ages to become active community members. Please indicate your area of interest by checking the boxes.

- CCD Liturgical Ministers Various Parish Groups
 Outreach Choir Other _____

ANNUAL REGISTRATION

DATE: _____

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Private: Yes/No

Cell Phone: (____) _____ - _____ Private: Yes/No

E-mail: _____

Stewardship Pledge ___ \$ weekly ___ \$10 weekly ___ \$20 weekly ___ \$25 weekly ___ \$30 weekly ___ \$35 weekly ___ \$40 weekly Current envelope # _____
--

HEADS OF HOUSEHOLD	DATE OF BIRTH	BAPTIZED YES / NO	1ST COMMUNION YES / NO	CONFIRMATION YES / NO	MARITAL STATUS

Are you married by the Catholic Church? YES / NO

Anniversary Date: _____

If not married by the Catholic Church, would you like more information on receiving the sacrament?

YES / NO

CHILDREN LIVING AT HOME (FIRST & MIDDLE NAMES)	DATE OF BIRTH	BAPTIZED YES / NO	1ST COMM YES / NO	CONFIRMATION YES / NO	Last Name if different from Family Name

FOR OFFICE USE ONLY: 2012

ENVELOPE #: _____

DATE ENTERED: _____ TX CATH _____

CALENDAR _____