



LaSalle
Catholic Parishes

Parish Registration

PLEASE PRINT CLEARLY

Household

Family Last Name

Date of Registration

 / /

Parish

St. Hyacinth St. Patrick

Contribution Envelope #

(Leave envelope number blank if this is a new registration.)

Mailing Street Address

City

Zip Code

E-Mail Address

Main Contact Phone No.

 ()

Main Contact Member

Title (Mr, Ms, Dr, etc.)

First Name

Middle Name

Last Name

Suffix

Maiden Name (if applicable)

Nick Name

Date of Birth (MM/DD/YYYY)

 / /

Cell Number

 ()

Church of Baptism

City

State

Year

Church of Confirmation

City

State

Year

Religion (if not Catholic)

Marital Status

 Single Married Widowed Separated

Church of Marriage

City

State

Year

Spouse

Title (Mr, Ms, Dr, etc.)

First Name

Middle Name

Last Name

Suffix

Maiden Name (if applicable)

Nick Name

Date of Birth (MM/DD/YYYY)

 / /

Cell Number

 ()

Church of Baptism

City

State

Year

Church of Confirmation

City

State

Year

Religion (if not Catholic)

E-Mail Address

Do you have a photo? Please consider including a personal or family photo with this form. The picture does not need to be formal or professional — it is not for publication. It will simply help the priests and parish staff recognize you and your family.



Additional Family Members

Please include additional members of your household below. A household consists of those children and adults who live together in the family home, as well as those who consider the family home to be their permanent address (e.g. college students). Grown children who live outside the home should be encouraged to register their own household in the parish in which they participate. Attach additional forms as needed to accommodate each family member.

PLEASE PRINT CLEARLY

Family Member 1

First Name	Middle Name	Last Name	Nick Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (Son, Daughter, etc.)	Date of Birth (MM/DD/YYYY)	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Religious Education (for children grades 1-8)			
<input type="checkbox"/> Full-Time TCA <input type="checkbox"/> TCA Religious Ed			
<input type="checkbox"/> Other: _____			
Church of Baptism	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Church of Confirmation	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Member 2

First Name	Middle Name	Last Name	Nick Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (Son, Daughter, etc.)	Date of Birth (MM/DD/YYYY)	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Religious Education (for children grades 1-8)			
<input type="checkbox"/> Full-Time TCA <input type="checkbox"/> TCA Religious Ed			
<input type="checkbox"/> Other: _____			
Church of Baptism	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Church of Confirmation	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Member 3

First Name	Middle Name	Last Name	Nick Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (Son, Daughter, etc.)	Date of Birth (MM/DD/YYYY)	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Religious Education (for children grades 1-8)			
<input type="checkbox"/> Full-Time TCA <input type="checkbox"/> TCA Religious Ed			
<input type="checkbox"/> Other: _____			
Church of Baptism	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Church of Confirmation	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Member 4

First Name	Middle Name	Last Name	Nick Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (Son, Daughter, etc.)	Date of Birth (MM/DD/YYYY)	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Religious Education (for children grades 1-8)			
<input type="checkbox"/> Full-Time TCA <input type="checkbox"/> TCA Religious Ed			
<input type="checkbox"/> Other: _____			
Church of Baptism	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Church of Confirmation	City	State	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Family Members #5 - 8 (to be added to main registration form)

Please include additional members of your household below. A household consists of those children and adults who live together in the family home as well as those who consider the family home to be their permanent address (e.g. college students). Grown children who live outside the home should be encouraged to register their own household in the parish in which they participate. Attach additional forms as needed to accommodate each family member.

Family Member 5

First Name Middle Name Last Name Nick Name

Relationship (Son, Daughter, etc.) Date of Birth (MM/DD/YYYY) / / Gender M F Grade

Religious Education (for children grades 1-8)
 Full-Time TCA TCA Religious Ed
 Other: _____

Church of Baptism City State Year

Church of Confirmation City State Year

Family Member 6

First Name Middle Name Last Name Nick Name

Relationship (Son, Daughter, etc.) Date of Birth (MM/DD/YYYY) / / Gender M F Grade

Religious Education (for children grades 1-8)
 Full-Time TCA TCA Religious Ed
 Other: _____

Church of Baptism City State Year

Church of Confirmation City State Year

Family Member 7

First Name Middle Name Last Name Nick Name

Relationship (Son, Daughter, etc.) Date of Birth (MM/DD/YYYY) / / Gender M F Grade

Religious Education (for children grades 1-8)
 Full-Time TCA TCA Religious Ed
 Other: _____

Church of Baptism City State Year

Church of Confirmation City State Year

Family Member 8

First Name Middle Name Last Name Nick Name

Relationship (Son, Daughter, etc.) Date of Birth (MM/DD/YYYY) / / Gender M F Grade

Religious Education (for children grades 1-8)
 Full-Time TCA TCA Religious Ed
 Other: _____

Church of Baptism City State Year

Church of Confirmation City State Year