

Family Last Name: _____
 Physical Address: _____
 Mailing Address: _____
 City, State, Zip: _____
 Cell Phone (his) (_____) _____
 Phone carrier: () Verizon () AT&T () T-Mobile _____
 Email address (his) (_____) _____
 Cell Phone (hers) (_____) _____
 Phone carrier: () Verizon () AT&T () T-Mobile _____
 Other phone carrier: _____
 Email address (hers) _____

Date Completed: _____

Parish Registration form as a Member of

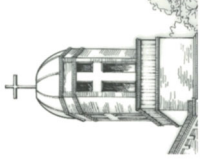
St. Philip Neri Catholic Church

607 Fourth Ave, PO Box 146

Kinder, LA 70648

Phone #337-738-5612 Fax #337-738-2728

www.spnerichurch.com



First, Middle, Last	Maiden	Birthdate	Sex	Occupation	Place of Employment (POE)	Religion	Ethnicity	Date Married	*Marital Status

*M1-Married in Catholic Church M2-Married out of Church D1-Divorced (Not remarried) D2-Divorced Remarried LS-Legally Separated W-Widow 1-Not Married

Single Adults/Children Living in Household (provide last name if different)

First, Middle, Last	Other Last Name	Birthdate	Sex	Occupation	School/Grade/POE	Religion	Ethnicity

How would you describe the practice of your religion? Devoutly _____ Frequently _____ Occasionally _____ Seldom _____
 Would you like to receive monthly offertory envelopes _____ or do you plan to donate on-line _____.

Comments: _____

Head of Household and/or Spouse Information

Name	Baptism		First Communion		Confirmation		Marriage	
	Baptism Date	Church of Baptism/City	First Communion	Church of First Communion/City	Confirmation Date	Church of Confirmation/City	Marriage Date	Place or Church of Marriage/City

Children's Information

Name	Baptism		First Communion		Confirmation	
	Baptism Date	Church of Baptism/City	First Communion Date	Church of First Communion/City	Confirmation Date	Church of Confirmation/City

Interested in volunteering for:

___ Office help ___ Religious Education Teacher/Sub ___ Vacation Bible School ___ Lector
 ___ Extraordinary Minister ___ Sacristan ___ Usher ___ Choir
 ___ Church Décor ___ St. Vincent de Paul Closet ___ Come Lord Jesus ___ RCIA
 ___ Daughters of SPN ___ Knights of Columbus ___ Baptism Leader
 ___ Homebound Minister ___ Youth Ministry

**** Please return completed form to Rectory, fax or simply place in the offertory basket.**

Church Office Use Only:

Envelope # _____

Entered by _____

Date entered _____