

Office Use Only: Envelope # _____ Registration Date: ____ / ____ / ____



St. Luke The
Evangelist
PARISH
REGISTRATION

Would you like to receive offertory envelopes? Yes___No___
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Online Giving?_Yes___No

LAST NAME ONLY-PLEASE PRINT
APELLIDO SOLAMENTE-POR FAVOR IMPRIMA SU NOMBRE

Family Last Name _____

(Apellido de la Familia)

Street Address _____

(Dirección)

City _____ Zip _____ - _____

(Ciudad) (Código Postal) (Zip) (Zip plus)

Mailing Address _____

(If Different From Above)

HUSBAND / HEAD OF HOUSEHOLD

Full Name: _____ Goes by: _____

Gender: M / F Maiden Name *(If Applicable)*: _____ DOB: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Religion: _____

Sacraments Rec'd: ___Baptism ___First Communion ___Confirmation ___Holy Matrimony

WIFE

Full Name: _____ Goes by: _____

Gender: M / F Maiden Name *(If Applicable)*: _____ DOB: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Religion: _____

Sacraments Rec'd: ___Baptism ___First Communion ___Confirmation ___Holy Matrimony

If Applicable: If one or both of you were catholic at the time of your marriage,
were you married before a Catholic priest/deacon? Y / N

If not, were you granted dispensation to be married in another place? Y / N

Church of Marriage: _____ City, State: _____

Date of Marriage: _____

