

St. Elizabeth Church
Family Registration Form

Head of Household:

Mr. / Mrs. / Ms. (Circle one)

Last Name: _____

First Name: _____

Spouse:

Mr. / Mrs. / Ms. (Circle one)

Last Name: _____

First Name: _____

Please return the completed forms
to the Church Office at:
P.O. Box 1
Paincourtville, LA 70391
Or fax to:
(985) 369-9892
Questions? Call (985) 369-7398

Street Address:

City _____ State _____ Zip _____

Mailing Address (if different):

City _____ State _____ Zip _____

Phone No.:

(Circle one)

Unlisted?

Home / Office / Cell

Yes / No

Home / Office / Cell

Yes / No

Home / Office / Cell

Yes / No

Family Member Information

(Please complete a separate form for each family member, including Head of Household)

First Name: _____ Last Name: _____

Nickname: _____ Maiden Name: _____

Date of Birth: _____ Birthplace: _____

Gender: Male / Female Marital Status: Single / Married / Widowed / Divorced

Father's Name: _____

Mother's Maiden Name: _____

Relationship to Head of Household: _____

Occupation: _____

Email: _____

Sacraments

Baptism:

Baptismal Name: _____ Date: _____

Performed by: _____

Church Name: _____

Church City & State: _____

Godparents/Sponsors: _____

First Communion:

Date: _____ Performed by: _____

Church Name: _____

Church City & State: _____

Confirmation:

Confirmation Name: _____ Date: _____

Performed by: _____

Church Name: _____

Church City & State: _____

Sponsor: _____

Marriage:

Spouse's Name: _____ Date: _____

Performed by: _____

Church Name: _____

Church City & State: _____

Witness(es): _____

I would like to volunteer the following skills:

I would like to volunteer for the following ministries:
