

**St. Jules 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:  
PO Box 38  
Belle Rose, LA 70341  
Or fax to:  
(225) 473-2950  
Questions? Call (225) 473-8569

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:

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I would like to volunteer for the following ministries:

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