

St. Peter Catholic Church, Reserve, LA

Census/New Parishioner Registration Form

Please complete the form below for all individuals in your household.
Return this form to: St. Peter Catholic Church • 1550 Highway 44 • Reserve, LA 70084

Head of Household

FIRST NAME _____
MIDDLE/MAIDEN NAME _____
LAST NAME _____
MARITAL STATUS Single Married Widowed Divorced
STREET ADDRESS _____
CITY _____
STATE _____ ZIP _____
RELIGION _____ DATE OF BIRTH _____
HOME PHONE _____
MOBILE PHONE _____
EMAIL _____
DO YOU WISH TO RECEIVE CHURCH ENVELOPES? Yes No

Spouse

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____
RELIGION _____ DATE OF BIRTH _____
HOME PHONE _____
MOBILE PHONE _____
EMAIL _____

Other Adult

FIRST NAME _____
MIDDLE/MAIDEN NAME _____
LAST NAME _____
RELIGION _____ DATE OF BIRTH _____
HOME PHONE _____
MOBILE PHONE _____
EMAIL _____

Children Living At Home

NAME _____
GENDER _____ DATE OF BIRTH _____
RELIGION _____ SCHOOL _____
SACRAMENTS RECEIVED
 Baptism Church _____ City/State _____
 Reconciliation Holy Communion Confirmation
NAME _____
GENDER _____ DATE OF BIRTH _____
RELIGION _____ SCHOOL _____
SACRAMENTS RECEIVED
 Baptism Church _____ City/State _____
 Reconciliation Holy Communion Confirmation

NAME _____
GENDER _____ DATE OF BIRTH _____
RELIGION _____ SCHOOL _____
SACRAMENTS RECEIVED
 Baptism Church _____ City/State _____
 Reconciliation Holy Communion Confirmation
NAME _____
GENDER _____ DATE OF BIRTH _____
RELIGION _____ SCHOOL _____
SACRAMENTS RECEIVED
 Baptism Church _____ City/State _____
 Reconciliation Holy Communion Confirmation