



# St. Benilde Catholic Church

1901 Division Street, Metairie, Louisiana 70001

504-834-4980

## Parishioner Registration Form

### Heads of Household Member(s) Information

FAMILY NAME \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### 1) Member Name:

\_\_\_\_\_ *Last* (Maiden) \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Suffix*  
Title (Circle, if preferred) Mr. Mrs. Miss Ms. Dr. Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female Nickname: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Education: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
*High School or College Level Reached / Degree attained*

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Baptized: Yes / No 1<sup>st</sup> Communion: Yes / No Confirmed: Yes / No

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

#### 2) Member Name:

\_\_\_\_\_ *Last* (Maiden) \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Suffix*  
Title (Circle, if preferred) Mr. Mrs. Miss Ms. Dr. Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female Nickname: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Education: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
*High School or College Level Reached / Degree attained*

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Baptized: Yes / No 1<sup>st</sup> Communion: Yes / No Confirmed: Yes / No

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Location: \_\_\_\_\_ Married in Catholic Church? Yes / No