

Children at Home

Name	Male/ Female	Birth Date	Baptism Date	Grade	First Penance	1 st Holy Communion	Confirmed	School Attending
					Yes / No	Yes / No	Yes / No	
					Yes / No	Yes / No	Yes / No	
					Yes / No	Yes / No	Yes / No	
					Yes / No	Yes / No	Yes / No	

Others at Home

Name (Relationship)	Male/ Female	Birth Date	Baptism Date	Attending College	First Penance	1 st Holy Communion	Confirmed	School Attending
				Yes/No	Yes / No	Yes / No	Yes / No	
				Yes/No	Yes / No	Yes / No	Yes / No	

Stewardship of Treasurer

Would you like collection envelopes mailed to you? Yes ___ No ___ Weekly Envelopes ___ Monthly Envelopes ___

Are you a registered parishioner in another territorial parish? Yes / No Name of Parish: _____ How Long? _____

***Please call the St. Benilde Parish Office at 504- 834-4980 if you have any questions.
This form may be dropped off at the office, mailed in, or placed in the Sunday collection.***

For Office Use Only:

Registration Accepted by Pastor: _____ Date Registered: ____/____/____ Envelope # _____

Registration Information Entered: ____/____/____