

Office Use Only	Family Last Name: _____ Number of Children Living at home: _____
Family #	PO Box _____ Street Address _____ City: _____ State: _____ Zip: _____
Envelope #	Home Phone: _____ Unlisted: Yes or No _____ Emergency Contact/Phone Number: _____
	Email: _____ Secondary Email: _____
	Cell: _____ Cell Phone Provider: (AT&T, Verizon, etc) _____ Cell: _____ Cell Phone Provider: _____

PLEASE PRINT	Household Head	Spouse	Child	Child	Child	Child	Other
First Name							
Last Name or Maiden Name							
Birthdate (including year)							
Title	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other	Mr. Dr. Ms. Mrs. Miss Other
Marital Status (Please Circle One)	Church Marriage Single Separated Divorced Widowed Civil Marriage Cohabitation	Church Marriage Single Separated Divorced Widowed Civil Marriage Cohabitation					
Religion (Please Circle One)	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other	Catholic Protestant Baptist Jewish Other
Occupation							
Employer & Business Phone							
School & Current Grade Level							
Sex	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female
Baptized	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
First Communion	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Church Marriage Date							

St. Joseph Catholic Church, PO Box 365 Loreauville, LA 70552 \* 337-229-4254 \* Fax # 337-229-4255