



New Parishioner Registration Form

Family Last Name: _____ Primary Telephone: (____) _____ - _____

| | | | |
|--------------------|---------------|--------------|------------|
| Head of Household: | D.O.B. | Religion: | Confirmed? |
| Baptism | 1st Eucharist | Confirmation | |

| | | | |
|---------|---------------|--------------|------------|
| Spouse: | D.O.B. | Religion: | Confirmed? |
| Baptism | 1st Eucharist | Confirmation | |

Address: _____ City/State/Zip: _____

Were you married in the Church? ___ Name of Church: _____ Marriage Date: _____

If not married in the church, please explain: _____

Cell phone for Husband: (____) _____ - _____ Cell phone for Wife: (____) _____ - _____

E-mail Address: _____ E-mail Address # 2: _____
E-mail address is optional, however, please list yours if you wish to receive weekly updates regarding Masses, Programs, Sacramental Preparation, Funerals, etc..

| | | | | |
|---|---------------|-------------|---------------|----------------|
| Child: _____ | D.O.B. _____ | Gender: ___ | Baptized? ___ | Confirmed? ___ |
| Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-") | | | | |
| Baptism | 1st Eucharist | | Confirmation | |

| | | | | |
|---|---------------|-------------|---------------|----------------|
| Child: _____ | D.O.B. _____ | Gender: ___ | Baptized? ___ | Confirmed? ___ |
| Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-") | | | | |
| Baptism | 1st Eucharist | | Confirmation | |

| | | | | |
|---|---------------|-------------|---------------|----------------|
| Child: _____ | D.O.B. _____ | Gender: ___ | Baptized? ___ | Confirmed? ___ |
| Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-") | | | | |
| Baptism | 1st Eucharist | | Confirmation | |

| | | | | |
|---|---------------|-------------|---------------|----------------|
| Child: _____ | D.O.B. _____ | Gender: ___ | Baptized? ___ | Confirmed? ___ |
| Sacraments (please list date & church for each sacrament. If date is approximate, please indicate with "+/-") | | | | |
| Baptism | 1st Eucharist | | Confirmation | |

Are there any special services you would like to receive from Our Lady? _____

Which organizations do you plan on becoming involved with, as a new member of our Parish Family? We need you!!!

| | | | | | | | | | | | |
|--|---------------|--|------------|--|----------------|--|-----------------|--|----------------|--|-------|
| | Altar Society | | Men's Club | | Knights of Col | | Religious Educ. | | Legion of Mary | | Other |
|--|---------------|--|------------|--|----------------|--|-----------------|--|----------------|--|-------|

If "other" above, please indicate how you would like to be involved: _____

When complete, you can submit this form: via fax at 654-5796, or place in an envelope and in the weekend Mass collection, mail to 4727 McHugh Drive, Zachary, LA 70791-3935, scan & email to frontdesk@sjb-ola.org, or drop off at the Parish Office. Thank you and welcome to our parish family. We hope to see you often!