

Office Use Only
 Registration Number _____
 Registration date _____

STS. SIMON & JUDE CATHOLIC CHURCH
PARISH REGISTRATION FORM
 ALL INFORMATION IS CONFIDENTIAL

Please drop in the Sunday collection or mail to the parish office:
 26777 Glen Loch Dr
 The Woodlands, TX 77381
 For more information 281-367-9885

Family Last Name _____

Address _____ (Apt. No.) _____

 City Zip code Home Phone Number unlisted

Last Name First Name Middle Name Birthdate

Sacraments Received
 Baptism Religion Primary Language Secondary Language
 Communion
 Confirmation
 Marriage Employer Occupation Work Phone Number

Spouse Last Name First Name Middle Name (Maiden Name) Birthdate

Sacraments Received
 Baptism Religion Primary Language Secondary Language
 Communion
 Confirmation
 Marriage Employer Occupation Work Phone Number

List children or adults living in your household:

Check Sacraments Received:

First	Middle	Last	Relationship	Birthdate	Sex	Bapt.	Comm.	Conf.	Marr.
					M F				
					M F				
					M F				
					M F				
					M F				
					M F				

Do you have a personal need you would like to discuss with a priest or deacon?
 Yes No

Do you have a person in your home with special needs with whom we can assist?
 Yes No

Would you contribute your professional services?
 Yes No Please initial _____

I AM INTERESTED IN SERVING MY PARISH IN THE FOLLOWING WAYS:

Marital Status
 Married
 Single
 Separated
 Divorced
 Widowed

PARISH ACTIVITIES			
Adult Education	Eucharistic Minister	Mothers of Young Children	St. Vincent de Paul
Altar Server	Lector	Nursery	Senior Citizen Activites
Art & Environment	Marriage Prep. Couple	Outreach Ministry	Usher
Choir	Men's Club	Religious Teacher/Aide	Women's Guild
OTHER _____			

I Pledge to return to God a share of His Gifts _____
 Signature Date