



**St. Gerard Catholic Church**

1523 Iowa St San Antonio, TX 78203 210-533-0161 / Fax 210-533-0551

Today's Date: / /

Office Use Only  
REG/ENV#

**REGISTRATION FORM**  
**Please Print**

Family Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Church Attendance: Regular \_\_\_ Frequent \_\_\_ Occasional \_\_\_ Seldom \_\_\_

Present Marital Status  
(Please check one)

- Married in the Catholic Church Year \_\_\_\_\_
- Married but not in the Catholic Church Year \_\_\_\_\_
- Divorced Year \_\_\_\_\_
- Separated Year \_\_\_\_\_
- Single
- Widowed
- Living Together

A Head of Household \_\_\_\_\_ Spouse/Domestic Partner \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_ Religion \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

**SACRAMENTAL INFORMATION OF ALL MEMBERS LIVING IN SAME HOUSEHOLD**  
(Include Head of Household, Spouse, Children, Others in the Household)

Name	M/F	DOB	(Please Circle) Baptism		(Please Circle) Communion		(Please Circle) Confirmation		Present Schl Grade	Enrolled in CFF <sup>1</sup> Yes/No	Special Needs
			Yes	No	Yes	No	Yes	No			

Is there anyone in the household who is homebound?  Yes  No

Primary language(s) spoken in the household: \_\_\_\_\_

Preferred method of contributions to the parish:  Envelopes  Electronic funds transfer

Anything Else?: \_\_\_\_\_

Office Use Only:	Date received	Date entered	Other
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<sup>1</sup> "CFF" is our parish School of Religion

WHEN COMPLETED, PLEASE DROP IN COLLECTION BASKET, AT PARISH OFFICE, OR MAIL.