

St. Ann Catholic Church

**REGISTRATION**

Today's Date \_\_\_\_\_

Complete only what you wish. All information is for authorized parish personnel use only.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Wife's First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
**Street Address, if different from above** \_\_\_\_\_  
**How Long at this address?** \_\_\_\_\_ **Home Ph#** \_\_\_\_\_  
**Husband Cell Ph#** \_\_\_\_\_ **Wife Cell Ph#** \_\_\_\_\_  
**Husband Email** \_\_\_\_\_ **Wife Email** \_\_\_\_\_  
**Husband Occupation** \_\_\_\_\_ **Wife Occupation** \_\_\_\_\_  
**Husband Religion if not Catholic** \_\_\_\_\_ **Wife Religion if not Catholic** \_\_\_\_\_  
**Married in Catholic Church?** \_\_\_\_\_  
**Send Contribution Envelopes via Mail** \_\_\_\_\_ **Will Pick-Up** \_\_\_\_\_ **None needed, Thank you** \_\_\_\_\_

Catholic Sacraments	Husband		Wife		Widow/Widower since _____
	Yes	No	Yes	No	
Baptized Catholic					
First Communion			Mass attended most often		
Confirmation			_____ Sunday morning _____ Spanish Mass _____ Sunday Evening _____ Saturday		
RCIA or Instruction Classes					

First name of person willing to help with:

**Worship:**

Usher \_\_\_\_\_  
 Lector \_\_\_\_\_  
 Lector Coordinator \_\_\_\_\_  
 Eucharistic \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Greeter \_\_\_\_\_  
 Spanish Choir \_\_\_\_\_  
 English Choir \_\_\_\_\_  
 Instrument Player \_\_\_\_\_  
 Altar Server \_\_\_\_\_  
 Altar Society \_\_\_\_\_  
 Alter Server Coordinator \_\_\_\_\_

CCD Assistant \_\_\_\_\_  
 VBS Leader \_\_\_\_\_  
 VBS Assistant \_\_\_\_\_  
 Children's Liturgy \_\_\_\_\_  
 Adult Education/RCIA \_\_\_\_\_  
**Parish Ministries:**  
 Knights of Columbus \_\_\_\_\_  
 Catholic Daughters \_\_\_\_\_  
 ACTS \_\_\_\_\_  
 Youth Groups \_\_\_\_\_  
 CYO \_\_\_\_\_  
 Visit the Sick \_\_\_\_\_  
 Visit the Elderly \_\_\_\_\_  
 Funeral Receptions \_\_\_\_\_

Hospitality \_\_\_\_\_

**Church Maintenance:**

Electrical repair \_\_\_\_\_  
 Lawn care \_\_\_\_\_  
 Gardening \_\_\_\_\_  
 Carpentry \_\_\_\_\_  
 Kitchen help \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Office assistance \_\_\_\_\_  
 Cleaning \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Handyman \_\_\_\_\_

**Religious Education:**

CCD Catechist \_\_\_\_\_

Prayer Team \_\_\_\_\_  
 Festival Planning \_\_\_\_\_

**Other**

\_\_\_\_\_

**Please list children on reverse side**

Mail this form to St. Ann Catholic Church, 14151 U.S. Hwy 87 W, La Vernia Texas, 78121.  
**www.StAnnLV.org**

**Children Living In Our Home**

Catholic Sacraments					
Name Last, First, M.I.	M/F	Date of Birth	Baptism Date/Church/City (Or Faith Affiliation, if not Catholic)	First Communion Date/Church/City	Confirmation Date/Church/City