

FOR OFFICE USE ONLY

Reg Date _____
 Family ID _____
 Welcome _____
 Envelopes _____
 Reactivation? Yes No _____
 Former ID _____

St. Philip the Apostle Catholic Church
 1897 W Main St Lewisville, Tx 75067-3250
 972-436-9581 Office 972-436-5302 Fax www.stphilipcc.org



PARISH FAMILY REGISTRATION FORM

Today's Date _____

Family Last Name (s) _____

Address _____

City/Zip _____

Home Telephone Unl? _____

Family E-Mail Address _____

Go Green prefer e-mail We are going green and would like to use e-mail if possible for most of our correspondence.

Former Parish Name _____

Former Parish Address _____

When did you move to the area? _____

Offering envelopes are available for weekly or monthly donations. Do you prefer Weekly Env Monthly Env NO Env Electronic. You will receive no envelopes if you leave this blank. There is also an electronic option. These can be done through bill pay, monthly ACH withdrawal or monthly on your Visa MC or Discover. Please use pledge cards and fill out your account information and signature on the back. Please read the electronic donation flyer for more information on these 3 electronic options. Bishop Olson has stated that all registered Catholics will receive the Ft Worth Diocese publication titled The North Texas Catholic. This is sent at no cost to you!

1. HEADS OF HOUSEHOLD		2. HEADS OF HOUSEHOLD	
Last Name	First Name	Last Name	First Name
Middle Name	Maiden Name	Middle Name	Maiden Name
Please Circle One		Please Circle One	
Title	Mr Mrs Ms Dr Other _____	Title	Mr Mrs Ms Dr Other _____
Marital Status	Single Engaged Married Widowed Divorced	Marital Status	Single Engaged Married Widowed Divorced
Religion	Catholic Non-Catholic _____	Religion	Catholic Non-Catholic _____
Primary Language	Secondary Language	Primary Language	Secondary Language
Occupation	Employer	Occupation	Employer
Work Phone	Cell Phone	Work Phone	Cell Phone
Personal E-mail Address		Personal E-Mail Address	
Birthdate	Sex Male Female	Birthdate	Sex Male Female

Please list all others residing at home who will participate in the St. Philip community including college students. Adults over the age of 23 are asked to fill out a separate individual registration form.

Name	Relationship	Religion	Language	Grade	School/ Employer	Birthdate	Sex
3.							
4.							
5.							
6.							
7.							
8.							

Revised 09/2014

Please complete both sides

LAST NAME

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