St. Philip the Apostle Catholic Church - Parish Registration Form
Archdiocese of Galveston-Houston

Please print legibly in black ink. Return in collection basket or mail to: PO Box 2363, Huffman 77336. Welcome to our parish!

Head of Household: _____ Today's Date: _____

Street Address: _____ PO Box (Mailing) _____

City: _____ State: _____ Zip Code _____ _____

Email Addresses: _____ _____

Home Phone: _____ Work Phone: _____ (Whose phone: _____)

Cell Phone: _____ (Whose Phone: _____) _____ (Whose phone: _____)

Adults (First, Last Name)	Date of Birth	Marital Status	Religion	Baptized (Y/N)	First Communion (Y/N)	Confirmation (Y/N)	Married in the Catholic Church?	Occupation

Children under 18 at Home (First, Last Name)	Date of Birth	M/F	Religion	Year Baptized	First Communion (Y/N)	Confirmation (Y/N)	Grade	Name of School

Name/Location of Previous Parish: _____

Would you like one of parish ministries to contact you? _____