



PARISH REGISTRATION FORM

Saint Anne Catholic Community

2140 Westheimer Rd., Houston, TX 77098-1496
 www.saintanne.org • 713.526.3276

Today's Date: _____

First Name: _____ Middle Name: _____ Last Name: _____ Marital Status (S,M,D,W): _____

Street Address: _____ City: _____ State: _____ Zip: _____

We ask that all of our parishioners be contributing members of the Parish. Therefore, please select if you prefer to receive offertory envelopes or give online via **Faith Direct**, through its website (www.faithdirect.com) or smartphone app.

Giving Preference: _____ Give online via Faith Direct _____ Receive offertory envelopes

	Primary	Spouse	Child 1	Child 2	Child 3	Child 4
Name						
Last Name						
Gender						
Birth Date (m/d/y)						
Cell Phone						
Email						
Occupation						
Employer						
Highest Education						
School(s)						
Special Needs	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Baptism	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
First Communion	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Confirmation	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Date Married						
Homebound (please visit)						
Religion						