

ST. GEORGE CATHOLIC CHURCH REGISTRATION

George West, Texas

Family Last Name: _____ Today's Date: ____/____/____

Primary/Family email address: _____

Home Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Primary Phone: _____ Preferred mailing language: English Spanish

Permissions: Publish Address Publish Phone Publish Email Provide Contribution Envelopes

Head of Household

Title: *Mr. Mrs. Ms. Miss Dr. (select one)*

Last Name: _____ First: _____ Middle: _____

Cell phone: _____ Work phone: _____

Email: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV (select one)* Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Wedding Anniversary ____/____/____ Marital Status: *Sing Mar Wid Div (select one)*

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation Sacrament of Matrimony

Spouse / Other Adult

Title: *Mr. Mrs. Ms. Miss Dr. (select one)*

Last Name: _____ First: _____ Middle: _____

Cell phone: _____ Work phone: _____

Email: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV (select one)* Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Wedding Anniversary ____/____/____ Marital Status: *Sing Mar Wid Div (select one)*

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation Sacrament of Matrimony

For Office Use Only:

Env#: _____ Dated Entered – ParishSoft: _____ OSV Envelopes: _____ Need to register in Faith Formation? Yes / No (circle one)

Please complete the other side for dependents.

Revised...3/17/2026

Please be sure to complete the front side of this registration form.

Dependent – 1

Registered in Faith Formation? Yes / No

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV* (select one) Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Birth Father's Name: _____ **Birth** Mother's Maiden Name: _____

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation

Dependent – 2

Registered in Faith Formation? Yes / No

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV* (select one) Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Birth Father's Name: _____ **Birth** Mother's Maiden Name: _____

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation

Dependent – 3

Registered in Faith Formation? Yes / No

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV* (select one) Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Birth Father's Name: _____ **Birth** Mother's Maiden Name: _____

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation

Dependent – 4

Registered in Faith Formation? Yes / No

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Suffix: *Sr. Jr. II III IV* (select one) Gender: *M F (select one)*

Date of Birth: ____/____/____ City, State of Birth: _____

Birth Father's Name: _____ **Birth** Mother's Maiden Name: _____

Religion: _____ **Circle the Sacraments received:** none received

Baptism 1st Holy Communion 1st Confession Confirmation

Thank you for taking time to fill out this form as completely as possible.