ST. MICHAEL THE ARCHANGEL
411 Paula Road McKinney, Texas 75069
972.542.4667 (office)✠ 972.542.4641 (fax)
General Email: stmichael@stmichaelmckinney.org

OFFICE USE ONLY
TODAY'S DATE:_____ FAMILY ID#:_____
RELIGIOUS EDUCATION FAMILY: □YES □NO
TEXAS CATHOLIC: □YES □NO WELCOME LTR □

Family Last Name: _____

Name: _____ Maiden Name: _____
Last First Title

Spouse

Name: _____ Maiden Name: _____
Last First Title

Street Address

Street: _____ City: _____ State: _____ Zip Code:_____

Telephone: Home: (____)_____-_____ Cell: (____)_____-_____

Email address: _____

How do you wish to support your parish? Family Envelopes: Yes ___ No ___ Checks: ___ Other: ___

FAMILY INFORMATION

Head of Household:
Name: _____
Maiden Name: _____
Sex: M _____ F _____ Birthdate:____/_____/_____
Occupation: _____
Work Number: (_____) _____-_____
Sacraments:
Baptism: Yes ___ No ___
First Communion: Yes ___ No ___
Confirmation: Yes ___ No ___

Spouse:
Name: _____
Maiden Name: _____
Sex: M _____ F _____ Birthdate:____/_____/_____
Occupation: _____
Work Number: (_____) _____-_____
Sacraments:
Baptism: Yes ___ No ___
First Communion: Yes ___ No ___
Confirmation: Yes ___ No ___

Marital Status: (*Please Circle One*) □ Catholic Marriage □ Non-Catholic Marriage □Civil Marriage □ Single □Widowed □Divorced
Date of Marriage: ___/___/___ Check Here □ To receive more information on the process to be married in the Catholic Church.

Talents: _____ Talents: _____
I would like to volunteer in the following area **I would like to volunteer in the following area**

Family Member:
_____ _____
Last Name First Name
Sex: M ___ F ___
Student in Religious Education: Yes ___ No ___
Birthdate: _____/_____/_____
Birth Place: _____
Birth Father: _____ Name
Birth Mother: _____ Name
Maiden Name: _____
Sacraments
Baptism: Yes ___ No ___
1st Communion: Yes ___ No ___
Confirmation: Yes ___ No ___

Family Member:
_____ _____
Last Name First Name
Sex: M ___ F ___
Student in Religious Education: Yes ___ No ___
Birthdate: _____/_____/_____
Birth Place: _____
Birth Father: _____ Name
Birth Mother: _____ Name
Maiden Name: _____
Sacraments
Baptism: Yes ___ No ___
1st Communion: Yes ___ No ___
Confirmation: Yes ___ No ___

Family Member:
_____ _____
Last Name First Name
Sex: M ___ F ___
Student in Religious Education: Yes ___ No ___
Birthdate: _____/_____/_____
Birth Place: _____
Birth Father: _____ Name
Birth Mother: _____ Name
Maiden Name: _____
Sacraments
Baptism: Yes ___ No ___
1st Communion: Yes ___ No ___
Confirmation: Yes ___ No ___