

ST. ELIZABETH ANN SETON CATHOLIC CHURCH
522 EAST FLOURNOY LUCAS ROAD
SHREVEPORT, LA 71115
(318)798-1887



REGISTRATION FORM

We welcome you to St. Elizabeth Ann Seton. Please take the time to fill out this form completely. Let us know how we can be of service to you. We look forward to hearing from you, and, again, WELCOME! The Pastoral Team of St. Elizabeth Ann Seton

PLEASE PRINT ALL INFORMATION

Family Last Name

Salutation (Mr. Mrs. Dr. Ms.)
Circle one

FAMILY MEMBERS LIVING AT HOME/COLLEGE
FULL LEGAL NAMES

Last Name	First Name	Middle	Nickname	Family Relationship	Date of Birth M/D/Y
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Address		Apartment #
City	State	Zip Code
Home Telephone #	Unlisted Telephone #	Cell phone#
		e-mail

DETAILED FAMILY MEMBER INFORMATION

Instructions: Please circle Yes or No and fill in blanks.

Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5	Family Member 6
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Education: School attending or school last attended

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Present grade level or highest grade/ degree achieved

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Employed? Yes No Yes No Yes No Yes No Yes No Yes No

Work Telephone:

Area Code ()	Area Code ()	Area Code ()	Area Code ()	Area Code ()	Area Code ()

Employers Name:					
Address					

Occupation:					
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SACRAMENTS

	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5	Family Member 6
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Baptized	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Baptized at:	_____		_____		_____		_____		_____		_____	
(Church Name)	_____		_____		_____		_____		_____		_____	

1st Communion:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Where?	_____		_____		_____		_____		_____		_____	

Confirmed	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Where?	_____		_____		_____		_____		_____		_____	

Became Catholic as Teen or Adult?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Marital Status:	Married	Married	Married	Married	Married	Married
	Remarried	Remarried	Remarried	Remarried	Remarried	Remarried
	Separated	Separated	Separated	Separated	Separated	Separated
	Divorced	Divorced	Divorced	Divorced	Divorced	Divorced
	Single	Single	Single	Single	Single	Single
	Widow(er)	Widow(er)	Widow(er)	Widow(er)	Widow(er)	Widow(er)

Date of Marriage:	_____	_____	_____	_____	_____	_____
	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y

Married by a Priest/Deacon	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Maiden Name	_____	_____	_____	_____	_____	_____
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Is there a non-Catholic in your family who would welcome an invitation to know more about the Catholic faith? Yes_____

Name_____

COMMENTS:

STEWARDSHIP OF TIME AND TALENT

What are your special gifts, talents or interests? _____

Please consider becoming involved in at least one *ministry* (liturgical or other) and one *faith development* group. Please indicate several preferences and a representative will contact you with more information

Please use the family member # to identify which family member(s) is interested in a particular area.

MINISTRIES

EDUCATION & LEADERSHIP TRAINING

Adult Faith Formation _____
High School Youth Group Mentor _____
Library Volunteer _____
Middle School Youth Group Mentor _____
Nursery Volunteer _____
R.C.I.A. Team _____
Religious Education Catechist _____
Vacation Bible School Volunteer (in July) _____

LITURGY

Altar Server _____
Cantor _____
Children's Choir _____
Children's Liturgy of the Word _____
Choir _____
Contemporary Ensemble _____
Environment _____
Eucharistic Minister _____
Hospitality/Ushers _____
Instrumentalist _____
Lector _____
Wedding Ministry _____

SOCIAL CONCERNS

Bereavement Committee _____
Carpenters (Handy men) _____
Christophers (rides to Mass) _____
Communion to Sick (Hospital/Homebound) _____
Marriage Mentors _____
St. Vincent de Paul Society _____
Vocations Committee _____
Yarn Angels _____

ADMINISTRATION

Archives Committee _____
Office Volunteer _____

FAITH DEVELOPMENT

COMMUNITY/FELLOWSHIP/SPIRITUAL

Knights of Columbus _____
Ladies Groups
 day/ St. Anne Circle _____
 night/ Our Lady's Ladies _____
St. Elizabeth Ann Seton Dinner Club _____
Neighborhood Groups (prayer/fellowship) _____
 Ellerbe _____
 Youree _____
Scouting: Boys _____
 Leader _____
Young at Heart Seniors Group (over 50) _____
Youth Groups: Middle School _____
 High School _____

FOR OFFICE USE ONLY:

____ Welcome letter
____ Newsletter
____ Neighborhood group
____ Organization leaders
____ Envelope system
____ Rolodex

Registry Date _____

Envelope # _____

Revised 07-12