St. Gabriel The Archangel Catholic Community

Membership Registration Form

Family Last Name: **Address:** **City :** **Zip:**	**Home Phone:** _____-_____-_____ **Fax Number:** _____-_____-_____ **Unlisted phone number?: Y / N** **List in the Church Directory? Y / N**	**Date:** **Previous Parish:** ***(Name)*** ***(City/State)***
Emails: ***(Family-very important)*** _____ ***(His email)*** _____ ***(Her email)*** _____ ***(Youth emails - Please Name)*** _____ ***Diocesan statistics: (circle one) African American Asian Hispanic Other***		**Cell Phones** ***(His)*** _____ ***(Hers)*** _____ ***(Other)*** _____ ***(Other)*** _____

*Baptism *Reconciliation (Confession) *1st Eucharist ***Confirmation

Family Member Names	Birth date MM/DD/YY	Gender M / F	Marital Status M / S / D / W	Employer Name	Position	Bus. Phone	Bap Y / N	Rec* Y / N	Euc* Y / N	Con* Y / N	Grade this Year	Religion

How did you hear about St. Gabriel Catholic Church? Neighbor/Friend_____ Postcard_____Internet_____Other_____

Date you attended a New Parishioner Orientation? _____ **Please return in collection, mail or fax to:**

St. Gabriel Church/110 St. Gabriel Way/McKinney, TX 75071/ Fax: 972-542-7756 Or email to: tbichsel@stgabriel.org

For Office Use Only: _____ Envelope No. ____ Shelby ____ Stewardship Response ____ Temporary Envelopes ____