## **NEW PARISHIONER FORM**

## WELCOME TO ST. HELENA CATHOLIC CHURCH

We are glad to have you as a part of our Faith Community! To assists us in serving you, please complete the following:

Family's Last Name:					
Street	City		State	Zip Code	
Address:					
Email:					
Home Phone:					
Cell Phone and Provi	der		<b>-</b> .		
	Head of Household		Spouse/Other		
Name					
Religion					
Occupation		.5			
Employer					
Bus. Phone			,		
Sex					
Birthdate					
		•			
Do you belong If no Name of	g to another Church Parish? Church		NO		
Do you receiv	e Church Envelopes	YES	NO	II.	
If NO would y	ou like to receive Church Envelopes	YES			

Children under 20 years of age						
	1	2	3	4		
First Name						
Last Name						
Sex						
Date of Birth						
Place of Birth						
School Grade						
Name of School						
Baptism Y/N						
Where						
Church/City/State						
First Comm. Y/N						
Where						
Church/City/State						
Confirmation Y/N						
Where						
Church/City/State						

Mail or Bring to:

St. Helena Catholic Church 122 S. 1<sup>st</sup> Street Amite, LA 70422 985-748-9057