

**Parish Registration**  
**Saint Louis de Montfort Catholic Church**  
 11441 Hague Road Fishers, IN 46038  
 Phone: 317-842-6778 Fax: 317-576-1932

Family Name (Last): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Temporary or Permanent Address (T or P): \_\_\_\_\_ Moving date to permanent address: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent Sub Division: \_\_\_\_\_ New Phone # \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_

Primary Head of Household	Secondary Head of Household
Name: _____	Name: _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____
Religion: _____	Religion: _____
Marital Status (M,S,D,W): _____	Marital Status (M,S,D,W): _____
Married by a Priest? _____	Sacraments Received* _____
Sacraments Received* _____	Most Recent Parish Registered: _____
Most Recent Parish Registered: _____	Occupation: _____
Occupation: _____	Employer: _____
Employer: _____	Does your company participate in a Corporate Match Program for Church or Schools: _____
Does your company participate in a Corporate Match Program for Church or Schools: _____	Work Phone: (____) _____
Work Phone: (____) _____	Cell Phone: (____) _____
Cell Phone: (____) _____	Email Address: _____
Email Address: _____	Relationship to Primary: _____
Relationship to Secondary: _____	Languages Spoken (other than English) _____
Languages Spoken (other than English) _____	Do you wish to be in the Parish Directory: _____
Do you wish to be in the Parish Directory: _____	

Your offertory envelopes and parish mailings will be addressed to the primary and secondary heads of household when both names appear on the registration form. Example: John and Jane Doe. Please indicate how you wish your mailing label to appear if different than the example. \_\_\_\_\_

\*Sacraments: B-Baptism, E-Eucharist  
 R-Reconciliation, C-Confirmation  
 M-Marriage

For office use Only		
Date Registered: _____	CW: _____	B: _____
Env.# _____	(3000 numbers) CM (Y or N): _____	
WL (date): _____	WC (date): _____	
OSV _____		

**Please see other side.**

Parishioner households\* receive a weekly subscription to the diocesan newspaper, *The Catholic Moment*. Please indicate if you do not wish to receive this subscription. Decline subscription ( ) \_\_\_\_\_.

\*If you already receive *The Catholic Moment*, please contact your former parish and let them know that you have registered at SLDM.

Thank you.

**Statement of Confidentiality**

The information you have provided on this registration form is confidential. We will not share it with outside sources. We will share pertinent information with our parish ministry leaders whose mission is to serve one another in Christ. This means you may be invited by one of our ministry leaders to become involved in our mission by sharing your time and talent.

\*As a courtesy to new parishioners, a member of the Welcome Committee will contact you to invite you to our Welcome Gathering and to answer any questions you may have about your new parish.

**New Parishioner Questionnaire**

Why did you join SLDM parish? \_\_\_\_\_

What are you looking for in your new church community? \_\_\_\_\_

Do you have any special needs?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list your interests and skills so we can help you match them to a parish ministry and/or your ministries you were involved with in your previous parish(es). \_\_\_\_\_  
 \_\_\_\_\_

**Parish Census for Children**

<b>Name of Child</b> Please include Last name if different from Family Name	<b>Gender</b> <b>M or F</b>	<b>Date of Birth</b>	<b>Sacraments Received*</b>	<b>School Attending</b>	<b>Grade</b>

\*Sacraments: B-Baptism, E-Eucharist, R-Reconciliation, C-Confirmation