



ST. MICHAEL THE ARCHANGEL
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OFFICE USE ONLY	
TODAY'S DATE: _____	FAMILY ID#: _____
RELIGIOUS EDUCATION FAMILY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
TEXAS CATHOLIC: <input type="checkbox"/> YES <input type="checkbox"/> NO WELCOME LTR <input type="checkbox"/>	

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: (____) _____ - _____

Spouse:

Name: _____
 Maiden Name: _____
 Sex: M ___ F ___ Birthdate: ___/___/___
 Occupation: _____
 Work Number: (____) _____ - _____

Sacraments:

Baptism: Yes ___ No ___
 First Communion: Yes ___ No ___
 Confirmation: Yes ___ No ___

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 ___	