

*St. Louis King of France Catholic Church*  
 2121 N. Sherwood Forest, Baton Rouge, LA 70815  
 225-275-7280, Fax: 225-275-5845

<b>Office Use Only</b>
Family #: _____
Date Registered: _____

# Parish Registration/Census

PLEASE PRINT CLEARLY!

Family Name (Last Name) _____	Home Phone _____ (Unlisted? Y or N)
Address _____	Cell Phone _____
_____	Other Phone _____
_____	Email address _____
Marital Status (Circle One) Single Married Separated Divorced Widowed	
If married, marriage date _____ Where married (Circle One) Catholic Church Other Church Civil Ceremony Other _____	
Primary Language _____ Race/Ethnicity (Circle One) White African-American Asian Hispanic Other _____	
Mass Preference (Circle One) 4:30 Saturday 7:30 Sunday 9:30 Sunday 11:30 Sunday	
Parishioner Y or N If so, since _____ If No, would you like to become one? _____	
What Ministries were you involved in at your previous parish: _____	

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY) (INCLUDE MAIDEN NAME)	Date of Birth M/D/Year	Religion	Highest Level of Education	Occupation	Employer or School	Sacraments Received (LIST DATE, if possible)		
						Baptism Y or N	1st Communion Y or N	Confirmation Y or N

OTHER MEMBERS OF HOUSEHOLD	Sex M or F	Relationship to Parishioner	Date of Birth M/D/Year	Religion	Sacraments Received (LIST DATE, if possible)			Education	
					Baptism Y or N	1st Communion Y or N	Confirmation Y or N	School Name (if applicable)	Current Grade/ Education Level

Do you or any member of your household have any handicaps or Special Needs? Y or N If Yes, please list: \_\_\_\_\_

Do you know a parish member who has not been able to attend Mass? \_\_\_\_\_ If so, what is their name and number? \_\_\_\_\_