

**OUR LADY OF PERPETUAL HELP CATHOLIC CHURCH
8968 HIGHWAY 23
BELLE CHASSE LOUISIANA 70037-2296**

Please print

Family Name	Home Phone	His Cell	Her Cell
Mailing Address	If P. O. Box, Give Physical Address		
City & Zip	Preferred e-mail		
Head of household Occupation	Employer		Phone
Spouse Occupation	Employer		Phone
Marital Status	In your current marriage were you married by a Catholic Priest or Deacon? ____Yes ____No		

NAMES OF ALL PEOPLE LIVING IN HOUSEHOLD

Last Name	First Name	Middle Name	Relationship to head of household	Date of Birth	Sex	Religion	Baptized		1 st Com.		Confirmation			Attends Mass ?			Children receiving religious ed?	
							Yes	No	Yes	No	Yes	No	Yes	No	Occ	Yes	No	
1	Head of Household																	
2	Spouse																	
3																		
4																		
5																		
6																		
7																		
8																		

1. Are there any sick or shut-ins in your household? ____ Yes ____ No If so, name _____
2. Any family members residing in a nursing home? ____ Yes ____ No If so, name _____ Nursing Home _____
3. Do you desire Sunday envelopes for your church contribution?

(For office use only)