St. Gabriel The Archangel Catholic Community

Membership Registration Form

Family Last Name:				Home Phone:				Date:					
Address: City: Zip:				Fax Number: Unlisted phone number?: Y / N List in the Church Directory? Y / N				Previous Parish: (Name) (City/State)					
Emails: (Family-vei			Cell Phones										
(His email)								(His)					
(Her email)								(Hers)					
(Youth emails - Please Name)								(Other)					
Diocesan statistics: (circle one) African American Asian Hispanic Other								(Other)					
*Baptism *Reconciliation (Confess								ion) *1st Eucharist ***Confirmation					
Family Member Names	Birth date MM/DD/YY	Gender M/F	Marital Status M/S/D/W	Employer Name	Position	Bus. Phone	Bap Y/N	Rec*	Euc* Y/N	Con* Y/N	Grade this Year	Religion	
Date you	attended a Ne el Church/110 (w Parishione St. Gabriel Wa	r Orientation? ay/McKinney,	th? Neighbor/Friend TX 75071/ Fax: 972 Envelope No.	Please re 2-542-7756 Or e	eturn in collectior email to: jdodson@	egstgabri	el.org		lopes			
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