

St. Gabriel The Archangel Catholic Community

Membership Registration Form

Family Last Name: Address: City : Zip:	Home Phone: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Unlisted phone number?: Y / N List in the Church Directory? Y / N	Date: Previous Parish: (Name) (City/State)
Emails: (Family-very important) _____ (His email) _____ (Her email) _____ (Youth emails - Please Name) _____ Diocesan statistics: (circle one) African American Asian Hispanic Other		Cell Phones (His) _____ (Hers) _____ (Other) _____ (Other) _____

*Baptism *Reconciliation (Confession) *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* Y / N	Euc* Y / N	Con* Y / N	Grade this Year	Religion

How did you hear about St. Gabriel Catholic Church? Neighbor/Friend _____ Postcard _____ Internet _____ Other _____
 Date you attended a New Parishioner Orientation? _____ Please return in collection, mail or fax to:
 St. Gabriel Church/110 St. Gabriel Way/McKinney, TX 75071/ Fax: 972-542-7756 Or email to: jdodson@stgabriel.org

For Office Use Only: _____ Envelope No. _____ Shelby _____ Stewardship Response _____ Temporary Envelopes _____