



Welcome to St. Louis Catholic Church!

Parish Registration Form

2907 Popkins Lane
Alexandria, VA 22306
Phone: (703) 765-4421
saintlouisparish.org

Address: _____

Name of Neighborhood (if applicable): _____

Head of Household – First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Military Status: None Active Duty Retired Veteran Reserves National Guard

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

Spouse – First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Military Status: None Active Duty Retired Veteran Reserves National Guard

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

Marital Status: Single Married in Catholic Church Married not in Catholic Church
Widowed Separated/Divorced Living together

If married, wedding anniversary date (mm/dd/yyyy): ____/____/____

If married not in Catholic Church, would you like to learn about marriage in the Church? Yes Not now

Other Household members (children or adults) to be registered at St. Louis Catholic Church. Include email and phone only if registrant is over 18 years old and has different contact information from the above.

1) First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

Please turn page over to complete form

2) First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

3) First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

4) First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

5) First & Last Name: _____ **Gender:** M F

Email: _____ **Phone:** _____ **DOB:** ____/____/____
mm/ dd / yyyy

Religion (please circle): Catholic Orthodox Protestant Jewish Muslim Other

Sacraments Received: Baptism 1st Communion Confirmation Marriage

Ethnicity: White African American African Hispanic Asian-Pacific Other Prefer not to identify

Please circle areas you would like more information about:

- Baptism 1st Communion Confirmation Marriage St. Louis Catholic School Religious Education
- Becoming Catholic Youth/Teen Programs Young Adult Programs Volunteering Adoration Chapel
- Sister Parish in Nicaragua Ministry

Other: _____

Once completed, please bring to parish office. The parish staff will email you instructions for setting up your electronic giving account through Faith Direct. We look forward to welcoming you to our community!

For Office Use Only: In Boundaries: Yes No Date Registered: _____
 Realm Giving Number: _____ Faith Direct Instructions Sent: Yes No
 Other notes: _____