



804 Pine Street  
 Bastrop, Texas 78602  
 Diocese of Austin

## Parish Registration Form

Date: \_\_\_\_\_

### Family Information

<b>Family Last Name</b> _____ Street Address: _____ City/State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Family E-mail: _____ Would you like to receive offertory envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status</b> <input type="checkbox"/> Married in Catholic Church <input type="checkbox"/> Single <input type="checkbox"/> Married in other Church <input type="checkbox"/> Separated <input type="checkbox"/> Married in Civil Ceremony <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law Marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Engaged
--	---

### Individual Information

<u>Head of Household #1 (to whom correspondence is addressed)</u>	<u>Head of Household #2 (spouse)</u>
Last Name: _____	Last Name: _____
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____	Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Nickname: _____	Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____	Suffix (circle one): Jr. Sr. III IV Other: _____
Cell Phone: _____ Work Phone: _____	Cell Phone: _____ Work Phone: _____
Religion: _____	Religion: _____
Date of Birth: _____ Gender: MALE FEMALE	Date of Birth: _____ Gender: MALE FEMALE
Place of Birth: _____	Place of Birth: _____
Ethnicity: _____	Ethnicity: _____
Primary Language: _____ 2 <sup>nd</sup> : _____	Primary Language: _____ 2 <sup>nd</sup> : _____

### Minor Children & Other Adults Living with you

Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____ Date of Birth: _____ Place of Birth: _____ Gender: male female School Grade: _____ Primary Language: _____ Secondary Language: _____ Special Needs: _____ Relationship to you: _____ Age of Child: _____	Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____ Date of Birth: _____ Place of Birth: _____ Gender: male female School Grade: _____ Primary Language: _____ Secondary Language: _____ Special Needs: _____ Relationship to you: _____ Age of Child: _____	Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____ Date of Birth: _____ Place of Birth: _____ Gender: male female School Grade: _____ Primary Language: _____ Secondary Language: _____ Special Needs: _____ Relationship to you: _____ Age of Child: _____
Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____	Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____	Check one: <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult Last Name: _____

Please Complete Other Side

First Name: _____	First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____	Middle Name: _____
Nickname: _____	Nickname: _____	Nickname: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____	Place of Birth: _____
Gender: male female School Grade: ____	Gender: male female School Grade: ____	Gender: male female School Grade: ____
Primary Language: _____	Primary Language: _____	Primary Language: _____
Secondary Language: _____	Secondary Language: _____	Secondary Language: _____
Special Needs: _____	Special Needs: _____	Special Needs: _____
Relationship to you: _____	Relationship to you: _____	Relationship to you: _____
Age of Child: _____	Age of Child: _____	Age of Child: _____

**We have been blessed with people who have been generous in giving of their time, talent, and treasure to the work of Christ in this portion of His vineyard and beyond. If you are interested in sharing your gifts and talents please check the ministry you would like more information on or if you need help finding a ministry, let us know what your gifts and talents are below.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Altar Servers       | <input type="checkbox"/> Altar Society                           | <input type="checkbox"/> Baptism           |
| <input type="checkbox"/> Choir               | <input type="checkbox"/> Evangelization                          | <input type="checkbox"/> CRSP              |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> KOCA                                    | <input type="checkbox"/> Ladies of Charity |
| <input type="checkbox"/> Lectors             | <input type="checkbox"/> Nursing Homes                           | <input type="checkbox"/> Funeral Food      |
| <input type="checkbox"/> Prison Ministry     | <input type="checkbox"/> RCIA                                    | <input type="checkbox"/> Sacristans        |
| <input type="checkbox"/> Sandwich Ministry   | <input type="checkbox"/> Legion of Mary                          | <input type="checkbox"/> Ushers            |
| <input type="checkbox"/> Youth Group         | <input type="checkbox"/> Extraordinary Minister of the Eucharist | <input type="checkbox"/> MMSP              |
| <input type="checkbox"/> Religious Education |  |  |

Gifts and Talents: \_\_\_\_\_

**Ascension Mass Times:**

Saturday:  
5:00 p.m.

Sunday:  
8:00 a.m.  
10:00 a.m.

12:00 p.m. (Spanish)

**Reconciliation Times:**

Saturday 3:30 p.m. or by appointment