



ST. ELIZABETH OF HUNGARY  
 OUR MOTHER OF SORROWS  
 ST. THERESE OF LISIEUX

**Parish Offices:**  
 747 Harrison Ave, Louisville, KY 40217  
 parishoffice@paxchristilou.org  
 502-637-7600

Sharing the **Peace** of Christ in the **Heart** of Louisville, Kentucky

**INSTRUCTIONS:** Please complete both sides of this form. Return form to the collection basket or to the Parish Offices. The information below goes down the column for each family member. Note: All parishoners over age 18 should fill out their own form.

Parish Name: \_\_\_\_\_

Family Last Name \_\_\_\_\_

Today's date: \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

	Adult	Adult	Child	Child	Child	Child
<b>First Name</b>						
<b>Middle Name</b>						
<b>Nickname</b>						
<b>Last name</b> (if different from above)						
<b>Sex</b>						
<b>Birthday</b>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>Languages</b> (if other than English)						
<b>Occupation</b>						
<b>Place of Employment or School if student</b>						
<b>Preferred contact phone number</b>						
<b>Home, cell, or work number?</b>						
<b>E-mail address</b>						

	Adult	Adult	Child	Child	Child	Child
<b>Religion</b>						
<b>Baptized</b>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
<b>1st Communion</b>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
<b>Confirmed</b>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
<b>Marital Status</b>						
<b>Marriage Date</b>	___/___/___	___/___/___				
<b>1st Reconciliation</b>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
<b>Ministries &amp; Talents</b>						
<b>Would like to Volunteer for:</b>						
<b>Notes/comments/questions:</b>						

1) Under ministries/talents, enter any past church participation (ie. lector, Boy Scouts) and/or any talents you have, like playing musical instrument or woodworking

2) Volunteer options include (not limited to): helping out with Mass, community service, working with youth

Thank you for registering for one of our Collaborative parishes!

**PLEASE NOTE: This information is shared with the Archdiocese of Louisville's Office of Mission Advancement.**

**For Parish Offices to complete:**

Date Registered: \_\_\_\_\_ Comments or remarks: \_\_\_\_\_

PDS ID #

Envelopes?

Record?