

St. Frances Cabrini Catholic Church

2211 East Texas Ave.

Alexandria, LA 71301

318-445-4588

318-443-7156 – FAX

WWW.CABRINICHURCH.COM

Family Information Sheet

| Your information according to our records | Please correct information, if needed |
|---|---------------------------------------|
| Title: | |
| Last Name: | |
| First Name: | |
| Address: | |
| City: | |
| State: | |
| Zip: | |
| Phone: | |

Please provide information if applicable

| <u>Family Information</u> | Birthday Mo/Day/Year | Sacraments |
|---|-------------------------|---|
| Husband Name: | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| Wife's Maiden Name: | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| Single Adult Name: | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| Children Name(s): | | |
| | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
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| | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| | | <input type="checkbox"/> Bapt. <input type="checkbox"/> First Com. <input type="checkbox"/> Confirm |
| Do you have offering envelopes? | | <input type="checkbox"/> Yes Number _____ <input type="checkbox"/> No |
| Do you want envelopes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you interested in being a ... <input type="checkbox"/> Lector <input type="checkbox"/> Eucharistic Minister <input type="checkbox"/> Usher | | |
| <input type="checkbox"/> Nursery Worker <input type="checkbox"/> Children's Liturgy <input type="checkbox"/> CCD Teacher-Aide | | |