



Office: 225.383.4127
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St Agnes Catholic Church
749 East Blvd.
Baton Rouge, LA 70808

www.stagnesbr.com
Email: either
saintagnes2@bellsouth.net
saintagnes58@bellsouth.net

Registration Form

ID# _____ Family Information New: _____ Update: _____ Remove: _____

Home Bound: _____ Nursing Home _____ Name of Nursing Home: _____

Family Last Name

Street Address: _____

City/State: _____ Zip Code: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Unlisted? YES NO

Family Email: _____

Today's Date: _____

Martial Status

- Married in a Catholic Church
- Married in Other Church
- Married in Civil Ceremony
- Single
- Divorced
- Widowed
- Marriage Annulled

Head of Household

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other

First Name: _____

Middle Name: _____ Maiden _____

Last Name: _____

Suffix (circle one): Jr. Sr. II III Other _____

Email Address: _____

Religion: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Gender: Male Female

Occupation _____

Sacrament Received

Date, Location, City, State

Baptism: _____

Communion: _____

Confirmation: _____

Marriage: _____

Reconciliation: _____

Would like to receive info to complete Sacraments? Yes No

Are you interested in RCIA? Yes No

Spouse

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other

First Name: _____

Middle Name: _____ Maiden _____

Last Name: _____

Suffix (circle one): Jr. Sr. II III Other _____

Email Address: _____

Religion: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Gender: Male Female

Occupation _____

Sacrament Received

Date, Location, City, State

Baptism: _____

Communion: _____

Confirmation: _____

Marriage: _____

Reconciliation: _____

Would like to receive info to complete Sacraments? Yes No

Are you interested in RCIA? Yes No

I/We would like to receive offertory envelopes. YES NO

I/We realize that St. Agnes Parish may publish a Photo Directory.

I/We give permission that my/our Contact Information** may be published in the Directory. YES NO

(If NO, please contact the church office)

**Contact Information may include address, phone #, email and children

**Sacramental Records: Please Enter Date (Month/Day/Year) in the spaces
(Please provide a certified copy of Baptism Certificate for each)**

	Minor child #1	Minor child #2	Minor child #3	Minor child #4	Minor child #5	*Adult Child #1	*Adult Child #2
Baptism	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City
First Communion	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City
Confirmation	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City
Marriage	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City	Date Church City
Handicapped	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Would you like to Volunteer or Join a Ministry?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

If you have more than four children, please attach a sheet of paper with the other children's information.

***Adult Child is over 18 and who lives with you.**

****Handicap: Homebound, Bedridden, Mental Handicap, Blind, Deaf, or other physically challenging conditions.**